

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 28 1935

30612

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Mayland Heights

Registration District No. 789
 Primary Registration District No. 6033

File No. _____
 Registered No. 236 St. _____ Ward

2. FULL NAME

(a) Residence, No. Mayland Heights Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rubens Kirkpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camolton, Mo.

MOTHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Sony Kirkpatrick
 (ADDRESS) 1761 Chestnut St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun, Mo. DATE 9-18-1935

19. UNDERTAKER Baumgardner Bros. Inc.
 (ADDRESS) Overland, Mo.

20. FILED 9-17- 1935 W. B. Bachner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934 to Sept. 17, 1935

I last saw him alive on Sept. 16, 1935 Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 9/12-35

Other contributory causes of importance:
Arthritis Chronic
Chronic Nephritis
Chronic Myocarditis 9 mo.

Name of operation no Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) Roy A. Halter, M. D.
 (Address) 2438 Woodson Rd. Overland, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

