

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

Do not use this space.

35829

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1017
City St. Louis Mo. (No. 3820 McRee Av.) St. Ward)

File No.....
Registered No. 10343
St. Ward)

2. FULL NAME

(a) Residence No. 3820 McRee Ave. 17 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Jessie Kirby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13-1865
7. AGE YEARS 66 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Guard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Police Dept.
10. Date deceased last worked at this occupation (month and year) July 1931 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME John Kirby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Katherine Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Jessie Kirby 3820 McRee Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set Burial Park DATE October 9, 1931

19. UNDERTAKER (ADDRESS) E. J. Schurz 3125 L. A. FAYETTE AV.

20. FILED 1-8-1931 19 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1931
22. I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to Oct 6th, 1931
I last saw him alive on Oct 5th, 1931 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Date of onset 5 yrs
59
131
59
Other contributory causes of importance: Sanjour's foot July 21
Chronic nephritis 5 yrs

23. Name of operation..... Date of.....
What test confirmed diagnosis? X Pathology there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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? no
If so, specify.....
(Signed) R. Shankley, M. D.
(Address) 1514 St. Jefferson