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.

MAR 20 1936

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

Do not use this space.

6379

1. PLACE OF DEATH
County: Jasper
Township:
City: Carthage (No. 423 Clevenger St. St. Ward)
Registration District No. 408
Primary Registration District No. 3020
File No.
Registered No.

2. FULL NAME: Hattie Logan Kirby.
(a) Residence, No. 423 Clevenger St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: R. N. Kirby.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 12th 1868
7. AGE: Years 60 Months 5 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Logan Mo.

FATHER
13. NAME: Ruben Logan.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Hattie Ann Stacy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): R. N. Kirby (Husband) 423 Clevenger St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: Feb 5th 1936
19. UNDERTAKER (ADDRESS): Ulmer Funeral Home Carthage Mo.
20. FILED: Feb 5 1936 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 1st 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Feb 1 1936
I last saw her alive on Feb 1 1936. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza - Pneumonia	Jan 28 1936

Other contributory causes of importance: none

Name of operation: none Date of:
What test confirmed diagnosis? Gen Symp. 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? No
If so, specify:
(Signed) H. A. La Force, M. D.
(Address) Carthage Mo

NOV 4 1948