

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

Do not use this space.

28669

**1. PLACE OF DEATH**

County Way Registration District No. 1743  
Township Fighting River Primary Registration District No. 6237  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 23

**2. FULL NAME**

Virginia Reed Kirtley  
(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode) (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 Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 17 1858  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 8 25  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/12/1929  
17. I HEREBY CERTIFY, That I attended deceased from June 24, 1929, to Aug 12, 1929  
that I last saw her alive on Aug 9, 1929, and that death occurred, on the date stated above, at 4 a. m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma Stomach  
4 1/2 (duration) yrs. 6 mos. da.  
CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
10. NAME OF FATHER Silas Hudson  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
12. MAIDEN NAME OF MOTHER Martha Reed  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.   
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Robt. Sheets, M. D.  
9-5, 1929 (Address) Orrick Mo

14. INFORMANT Cora Miller  
(Address) 594 1/2 Park R.P. Mo  
15. FILED Sept 14 1929 L. E. Eeie REGISTRAR

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
South Park Cemetery Aug 13 1929  
20. UNDERTAKER ADDRESS  
C. V. Gibson Orrick

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.

SEP 26 1929

