

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 25 1930

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

Do not use this space.

4402

1. PLACE OF DEATH

County Clay  
Township Light River  
City Expelair Mo (No. \_\_\_\_\_)

Registration District No. 198  
Primary Registration District No. 3011

File No. \_\_\_\_\_  
Registered No. 14 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ethard Bassy Kirtley

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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 Lucy Kirtley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
36 5 6

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work farm laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo

10. NAME OF FATHER John C. Kirtley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Margaret Hudson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Carl Kirtley  
(Address) 3841 Monroe Kansas City Mo

15. FILED 2/20 1930 J. D. Crowder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to February 20, 1930, that I last saw him alive on February 30, 1930, and that death occurred, on the date stated above, at 09 a.m. m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial nephritis  
121  
85

(duration) 1 yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Alcohol (duration) 18 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHEN WAS DISEASE CONTRACTED 1290 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

IF NOT AT PLACE OF DEATH Clay Co

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? None Test re Brightness

(Signed) James Brown M. D.

421 1930 (Address) Expelair Mo

\*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, CREATION OR REMOVAL Seigel (Ray Co. Mo) DATE OF BURIAL 2-24 1930

20. UNDERTAKER Herbert Stupe ADDRESS Expelair Springs, Mo

