

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

Do not use this space.

2355

1. PLACE OF BIRTH
 County Ray Co Registration District No. 743
 Township Fishing River Primary Registration District No. 6237
 City (No.) St. Ward)

2. FULL NAME Harold Doren 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-22-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 9 27

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (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) Excelsior Springs Clay Co Mo

10. NAME OF FATHER Ray Kirtley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Liberty Clay Co Mo

12. MAIDEN NAME OF MOTHER Bertha Bogard

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

14. INFORMANT Ray Kirtley
 (Address) Ornich Mo

15. FILED Jan 30 1930 L. E. Ellis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-19 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1930, to Jan 19, 1930 that I last saw h. alive on Jan 18, 1930 and that death occurred, on the date stated above, at 1-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage due to hitting head against house while coasting. (Accidental)
2 1/2 M (duration) yrs. mos. 3 da.
32 1/2
 CONTRIBUTORY (SECONDARY) 1880 ft (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & History
 (Signed) L. E. Ellis, M. D.

Jan 19, 1930 (Address) Ornich 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, CREMATION, OR REMOVAL DATE OF BURIAL
Seigal Guest 1-20 1930

20. UNDERTAKER ADDRESS
Ch. Gibson Ornich 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.

