

CERTIFICATE OF DEATH

Registered No. **4731**

1. PLACE OF DEATH:

County Jefferson
City or town _____
(If outside city or town limits, write RURAL)
Street address, hospital, or institution: Madison State Hospital
Stay in hospital or inst. (yrs. or mos., or days) 2 1/2
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Indiana County Monroe
City or town Bloomington
(If outside city or town limits, write RURAL)
Street No. _____
(If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Francis R. Kirby

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Lela M. Carter

7. Birth date of deceased (mo., day, yr.) Jan 31, 1863

8. AGE: Years 90 Months 0 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Monroe Co. Indiana
(Town, county and state)

10. Usual occupation Farmer

11. Industry or business same

12. Name William A. Kirby

13. Birthplace Virginia

14. Maiden name Nancy Burger

15. Birthplace Virginia

16. Informant Madison State Hospital
Address _____

17. Burial Date thereof 2/25/43
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____
Location Bloomington Ind.

18. Funeral director John T. Lang
Address Madison Ind.

Filed Feb 25, 1943 Paul Manning, MD
Health Officer

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23, 1943, at 3:40 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2, 1940, Feb 23, 1943 and that I last saw him alive on Feb 22, 1943

Immediate cause of death _____
Arteriosclerosis

Due to _____
Due to _____ 97

Other conditions myocardia
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? (City or town) (County) (State) _____
Injured at home, farm, industry, public place (where?) _____
Injured at work? _____ Means of injury _____

23. SIGNATURE Francis Prenatal
M. D. or other _____

Address Madison Ind. Date signed 2-25-43

DURATION

12 yrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED
EMBALMER'S NAME John T. Lang
LICENSE NO. 2656
FUNERAL DIRECTOR'S LICENSE NO. 007