

County, MonroeTownship, VanburenTown
or
City, INDIANA
STATE BOARD OF HEALTH.Health Officer's
Record Number,

Certificate and Record of Death.

Decedent's
full Name Wm M. A. Kirby

Date of Death,

MONTH.	DAY.	YEAR.
<u>3</u>	<u>11</u>	<u>1901</u>

This Blank to be filled by the Physician, if any; otherwise by Health Officer, Coroner or Householder

MEDICAL CERTIFICATE OF DEATH.

I hereby certify that I attended the deceased from Feb 6 to March 11, that I last saw him alive on March 11, that he died on March 11 about 4 o'clock P. M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

Disease causing death? Heart failureDuration one monthImmediate cause of death? Congestion of lungsDuration one weekContributory causes or complications, if any? LegionnaireDuration one weekPost-mortem none

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g., septicemia. Also whether operation was performed, etc.

WITNESS my hand this 12 day of MarchSignature of Physician, Coroner,
Health Officer or Householder, Address, W L Whitted

This Blank to be filled by householder or any competent person.

RECORD OF DEATH.

Full Name of Deceased Wm M. A. KirbyAge, 79 4 4
Years Months DaysResidence, Bloomington, Monroe CoSex, Male Color, WhiteSingle Married. Widowed
Scratch out terms not wanted.Occupation? CarpenterBirthplace? VirginiaPlace of Death? VanburenFather's name in full? John T KirbyFather's Birthplace? VirginiaMother's maiden name in full? Elizabeth B KirbyMother's Birthplace? Date of Burial? Mar 13 1901Place of Burial? EllettsvilleSignature of Undertaker, R. A. PaulryReported by Garph H KirbyAddress of Undertaker, Bloomington Ind