

1. PLACE OF DEATH

County Macoupin

Township or
Reid Dist. }

or
Incorp. Town
or Village }

City or Village St. Louis No. _____

Registration
Dist. No. 599
Primary
Dist. No. 3455

STATE OF ILLINOIS
State Board of Health - Bureau of Vital Statistics

STANDARD
CERTIFICATE OF DEATH

31914

2. FULL NAME

James A. Cirkman

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. MARRIAGE STATUS Married
(Write the word)

6. DATE OF BIRTH Nov 17 1888
(Month) (Day) (Year)

7. AGE 68 yrs 5 mos 20 ds
IF LESS than 1 day, use OR

8. OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or country) Illinois

PARENTS
10. NAME OF FATHER Ernest Cirkman
11. BIRTHPLACE OF FATHER (State or country) Illinois
12. MAIDEN NAME OF MOTHER May Bradley
13. BIRTHPLACE OF MOTHER (State or country) Illinois

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jennie M. Cirkman
(Address) St. Louis

15. Filed 6-8-18 by R. Dorsey

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 12 1918
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 12 to 12 1918, in St. Louis, Mo., and that death occurred, on the date stated above, at 12 P.M.
The CAUSE OF DEATH was as follows:
Pneumonia pulmonalis

Contributory (Secondary) _____
Physician J. W. Coughlin
Address Chicago, Ill.
Telephone 7-6-8-7

18. LENGTH OF RESIDENCE (For length, institution, hospital, or home) _____
In place of death _____
Where was disease contracted, if not at place of death _____
Cause or special treatment _____

19. PLACE OF BURIAL OR CREMATION Calvary Cemetery DATE OF BURIAL May 14 1918
20. URBANITY St. Louis ADDRESS St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or, in deaths from YELLOW FEVER, CHOLERA, or other infectious diseases, the name of organism and its source.