21 1928

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

Do not use this space.

23051

File No. 856

Registered No.

**1. PLACE OF DEATH**

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph's Hospital. St. Ward)

**2. FULL NAME** Helen Kerns

(a) Residence. No. 904 So. 11th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar, 29, 1914

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 14 | 3 | 14 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.

(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) Easton, Mo.

PARENTS

10. NAME OF FATHER Urb Kerns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Easton, Mo.

12. MAIDEN NAME OF MOTHER Bessie Boyer

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

14. INFORMANT Urb Kerns (Address) 904 So. 11th. St.

15. FILED 1 4 1928, 19 John G. [illegible] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 13, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 13, 1928, that I last saw her alive on July 12, 1928, and that death occurred, on the date stated above, at 1.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis Acute Perforation 121A

117B

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 11 - 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Clement F. Cook, M. D

7/13/, 1928 (Address) Phys Surg Bldg

*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 |
|---|---|
| Freeman Chapel Cemetery | July, 15, 28 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Walter Meierhoffer 1302 | Faraon St. |

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.

WHITE PERMANENT, WITH UNFADING INKSTITUTE IS A PERMANENT RECORD