

SEP 24 1928

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

Do not use this space.

26457

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospital Ward)

File No.
Registered No. 932

2. FULL NAME

James Walter Kersey
(a) Residence No. 1116 South 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Kersey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 | 11 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Saloon Prop
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Green County
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Walter Kersey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Bates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Blanche Gibson
(Address) 1116 South 11th St

15. FILED 4 1928
Wm. G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3rd 1928

17. I HEREBY CERTIFY That I attended deceased from June 20, 1928, to Aug 3, 1928
that I last saw him alive on Aug 13, 1928 and that death occurred, on the date stated above, at 7:17 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

137
131
Chronic myocarditis (duration) unable to state
CONTRIBUTORY (SECONDARY) Chronic nephritis
Hypertension (duration) unable to state

18. WHERE WAS DISEASE CONTRACTED 1129 W. Missouri Methodist Hospital
(IF NOT AT PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) H. G. Baird M.D.

(Address) 301 Highway 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 W. Auburn Cem DATE OF BURIAL Aug 6 1928

20. UNDERTAKER E. G. Siders ADDRESS 607 E. 10th

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.

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