WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MV 1652

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

Do not use this space.

27450

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. Research Hospital St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 3525

2. FULL NAME Maud Frank Kerr
(a) Residence. No. Kansas City Mo. 818 Indiana St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 11 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/20/1885
7. AGE: 42 YEARS; MONTHS: 10; DAYS: 3; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): Law Firm
(c) Name of employer: Lathrop Crane et al
9. BIRTHPLACE (CITY OR TOWN) Cotulla
(STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER John A. Kerr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~~George~~ Do not know
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Maria Emma Woodfin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Mississippi

14. INFORMANT Procter H. Kerr
(Address) 1436 Ralston Independence Mo.

15. FILED 8/23, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23 1928
17. I HEREBY CERTIFY, That I attended deceased from 8-4, 1928, to 8-23, 1928 that I last saw her alive on 8-22, 1928, and that death occurred, on the date stated above, at 5:10 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Emboli
138 139B
54B
111A (duration) yrs. mos. 1 hour ds.
CONTRIBUTORY (SECONDARY) Bi-lateral Salpingectomy
Neoplasm Acute Salpingitis
(duration) yrs. mos. ds.
Not tuberkeral or Gonorrheal
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-6-28.
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy.
(Signed) [signature], M. D.
8/23, 1928 (Address) K. C. Mo.

*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: Mt. Washington Cemetery
DATE OF BURIAL: 8-25 1928
20. UNDERTAKER: Ott and Mitchell
ADDRESS: Independence Mo.