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

Do not use this space.
8079

1. PLACE OF DEATH

County ..... Registration District No. 78-1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1731

City St. Louis (No. City Workhouse St. .....Ward)

2. FULL NAME 1458 Wm Y Kearley

(a) Residence. No. 939 Bond St., 23 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 1841

7. AGE: Years 87 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) HEARTSVILLE
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER William Kearley

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

12. MAIDEN NAME OF MOTHER Matilda Holt

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

14. INFORMANT Hospital Records
(Address) City Workhouse

15. FILED ....., 19..... Mary C. Fitzpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Feb 4 1929, that I last saw h. L. M. alive on Feb 4 1929, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of the neck of the left femur from fall to the floor
Accident (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage
cause unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Feb 5, 1929 (Signed) John W. Hoff, M. D. (Address) City Workhouse

*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 Valhalla — DATE OF BURIAL Feb 7 1929

20. UNDERTAKER Alexander & Long — ADDRESS 6175 Delmar

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.

Kearley.