

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

Do not use this space.

24 1929

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township " " Primary Registration District No. 2009 File No. 9815
 City Cape Girardeau (No.) St. Francis Hospital St. 60 (Ward)

2. FULL NAME Maud M. Kerley
 (a) Residence No. Mc Lane 211 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 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
<u>23</u>	<u>6</u>	<u> </u>	<u>18</u>	<u> </u>

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

9. BIRTHPLACE (CITY OR TOWN) Whitewater Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 1 19 29

17. I HEREBY CERTIFY That I attended deceased from 2-26 1929 to March 1, 19 29 that I last saw h. er. alive on Feb. 27, 19 29 and that death occurred, on the date stated above, at 157-a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
leucocytemia (Thrombosis)

 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza - Pneumonia
 (duration) yrs. mos. 10 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Kerley, M. D.
 , 19 (Address) 735 B...

*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.

14. INFORMANT Roy Kerley
 (Address) Mc Lane Hill

15. FILED 3/1 19 29 W.C. Kempfer REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairmount Cem DATE OF BURIAL Mar 2 19 29

20. UNDERTAKER Walther Und. Co. ADDRESS Cape Gir. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

23
1
31
31



**MISSOURI STATE BOARD OF HEALTH
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1918
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125- File No.
 Township Primary Registration District No. 3009 Registered No. 60
 City St. Louis (No.) St. Ward)

2. FULL NAME Maud in Kerley
 (a) Residence No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-1-1918

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

17. I HEREBY CERTIFY That I attended deceased from Feb 1918 to 1918, 1918 that I last saw h..... alive on Feb 1918, and that death occurred, on the date stated above, at

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Influenza pneumonia (thoracic)

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

CONTRIBUTORY (SECONDARY) Influenza pneumonia
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

10. NAME OF FATHER

IF NOT AT PLACE OF DEATH

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

DID AN OPERATION PRECEDE DEATH Date of

12. MAIDEN NAME OF MOTHER

WAS THERE AN AUTOPSY

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

WHAT TEST CONFIRMED DIAGNOSIS

14. INFORMANT (Address)

(Signed) M. D. , 19 (Address)

*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.

15. FILED 5/20 1929 W. Kauffman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-7815