

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.

NOV 26 1930

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

Do not use this space.  
51  
337684

1. PLACE OF DEATH  
County Pike Registration District No. 685  
Township Sedalia Primary Registration District No. 6082  
City Sedalia (No. Barlowe Mem. Hospital) Registered No. 285 Ward

2. FULL NAME James Herschel Kerfoot  
(a) Residence No. Jonina mo St.  Ward  (If nonresident, give city or town and State)  
(Usual place of abode)  
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 M 4. COLOR OR RACE W 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) July 3 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 3 28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(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) mo

10. NAME OF FATHER Edgar Kerfoot

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

12. MAIDEN NAME OF MOTHER Sally Lyles

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

14. INFORMANT E. R. Kerfoot  
(Address) Jonina

15. FILED 10/31/30 REGISTRAR J. J. Love

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 31 1930 to Oct 31 1930  
that I last saw him alive on Oct 30 1930 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Typhoid fever.  
103°  
(duration) yrs. mos. 26 ds.

CONTRIBUTORY (SECONDARY) Hemorrhage  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 0/10  
NOT AT PLACE OF DEATH.  
DID AN OPERATION PRECEDE DEATH? no DATE OF   
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? 0/10  
(Signed) E. R. Kerfoot M. D.  
, 19  (Address) Sedalia 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 Antioch DATE OF BURIAL 10/31 1930

20. UNDERTAKER Gillispie ADDRESS Sedalia

