

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.

UEC 20 1930

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

Do not use this space.

35383

1. PLACE OF DEATH

County Buchanan Registration District No. 35
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. Missouri Methodist Hosp. Ward)

File No. 7 120
 Registered No. 120

2. FULL NAME

(a) Residence. No. 3115 Mitchell Ave Ward. St. Joseph
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carry D. Kerkfeld</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 2 1884</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>6</u>	DAYS <u>5</u>
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer). athletic Deal
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mexico Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT

(Address) 3115 Mitchell Ave

15. FILED

1930 John G. Wh. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries received when Deceased! car collided with another car at 18th & Holman Sts St Joseph Mo. Neither drunk or blinded by lights
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

10M (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) B. W. Tadlock Coroner, M. D.

11/8 1930 (Address) 821 Francis

*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

Memorial Park Cemetery DATE OF BURIAL Nov 10 1930

20. UNDERTAKER

E. G. Sidenfaden ADDRESS 602 So. 10

XAV 8

1950

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