

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

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36403

4813

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo

Registration District No. 339
Primary Registration District No. 1002
(No. 3220 Mersington)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Martha E. Kerns

(a) Residence. No. 3220 Mersington St. 14 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 0 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER William Sutton

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)

14. INFORMANT Mrs. Daniel Speer
(Address) 3220 Mersington Ave.

15. FILED 11-29-1930 M M Crow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Nov 28, 1930 that I last saw her alive on Nov 25, 1930, and that death occurred, on the date stated above, at 7:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis
160 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) frailty
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 1008
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John A. Carter, M. D.
Nov 28, 1930 (Address) 316-16 Lee Bldg

*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 Dunkirk, Indiana DATE OF BURIAL 11/29/ 19 30

20. UNDERTAKER Freeman Mortuary, Kansas City, Mo 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.

315 Lee Bldg.

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