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DEC 22 1930

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

Do not use this space.

36655

1. PLACE OF DEATH

County Rayette
Township Lexington
City Lexington (No. _____) St. _____ Ward _____

Registration District No. 461
Primary Registration District No. 3024

File No. 94
Registered No. _____

2. FULL NAME Jane Kerbrat

(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

3. SEX <u>Female</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 or (OR) WIFE OF <u>Henry Kerbrat</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 16 1857</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>28</u>	if LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>At Home</u>				
(c) Name of employer _____				

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

10. NAME OF FATHER Theodore Penn

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

12. MAIDEN NAME OF MOTHER Mary Agnes Gionere

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

14. INFORMANT Henry Kerbrat
(Address) Lexington MO

15. FILED Nov 8 1930 W. Fredendall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1930 to Nov 8 1930 that I last saw her alive on Nov 8 1930, and that death occurred, on the date stated above, at 1:46 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
1930
1930
(duration) _____ yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) hypertension
(duration) 2 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? _____

(Signed) W. J. Chalkley M. D.
Nov 8 1930 (Address) Lexington 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 Lexington MO DATE OF BURIAL Nov 10 1930

20. UNDERTAKER Ernest Hegert ADDRESS Lexington MO

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.

