48-C

JAN 30 1931

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.

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

Do not use this space.

548-C

1. PLACE OF DEATH

County: Christian — Registration District No.: 184 — File No.: 548-C

Township: Finley — Primary Registration District No.: 5255 — Registered No.: 105-1

City: Cassidy Mo. (No. ..... St. ..... Ward)

2. FULL NAME Eelena Ruth Kerr

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28th 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			4	

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

PARENTS

10. NAME OF FATHER: Fred Kerr

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

12. MAIDEN NAME OF MOTHER: Mettie Sims

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

14. INFORMANT: Fred Kerr
(Address): Cassidy Mo.

15. FILED: Apr 10, 1930. Loretta Leonard, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1930, to Jan 1st 1931, that I last saw her alive on Dec 31, 1930, and that death occurred, on the date stated above, at 4 O'Clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Icterus Monstrum
(Probable Congenital obliteration of bile ducts)
..... (duration) ..... yrs. ..... mos. 2 or 3 ds.

CONTRIBUTORY (SECONDARY): Premature birth
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. B. Nassau, M. D.
Jan 1, 1931 (Address) Nixa 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: Selmore — DATE OF BURIAL: Jan 1st 1930

20. UNDERTAKER: T. B. Chaffin — ADDRESS: Ozark Mo.