

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

Do not use this space.

4664

1. PLACE OF DEATH
 County... Buchanan... Registration District No. 85
 Township... Primary Registration District No. 1001
 City... St. Joseph... (No. St. Marys Orphanage) St. Ward

2. FULL NAME Mary Louis Kerns.
 (a) Residence. No. 2329 South 6th Street. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 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 23, 1928.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
 2 6 24
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work... Child.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 17 19 31
 17. I HEREBY CERTIFY That I attended deceased from Feb 17, 1931 that I last saw him alive on Feb 17, 1931, and that death occurred, on the date stated above, at 3 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
 Laryngeal Diphtheria
 10 (duration) yrs. mos. 2 ds.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri.
 10. NAME OF FATHER John Kerns.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph.
 (STATE OR COUNTRY) Missouri.
 12. MAIDEN NAME OF MOTHER Cecelia Craney.
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph.
 (STATE OR COUNTRY) Missouri.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? No. DATE OF Feb 17 - 31
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Laryngeal Diphtheria
 (Signed) John J. Brown, M. D.
 2/17, 19 31 (Address) St. Joseph

14. INFORMANT John Kerns.
 (Address) 2329 South 6th St.
 15. FILED FEB 17 1931 19 John R. Bender REGISTRAR

*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 DATE OF BURIAL
 Mount Olivet Cemetery. Feb 18, 19 31
 20. UNDERTAKER ADDRESS
 H.O. Siederfaden 1802 Union St.

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.

FEB 17 1931

