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

Do not use this space.

9866

File No. 1132
Registered No.

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No.) 3617 Thompson Ave St. Ward)
Registration District No. 399
Primary Registration District No. 1001

2. FULL NAME Mrs Martha E. Kerns
(a) Residence. No. 3617 Thompson St. 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 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	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Kerns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29-1862

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

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) (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Wm Bliss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Chas Kerns
(Address) 3617 Thompson Ave

15. FILED 3/9, 1931 M. M. Crane Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1931

17. I HEREBY CERTIFY, That I attended deceased from FEB. 22, 1931, to MARCH 6, 1931 that I last saw her alive on MARCH 6, 1931, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 9 CEREBRAL EMBOLUS

(duration) 2 HOURS yrs. mos. ds.

CONTRIBUTORY (SECONDARY) LOBAR PNEUMONIA — DOUBLE

(duration) — yrs. — mos. 12 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? PHYSICAL
(Signed) Maclay Lyon, M. D.
3/7, 1931 (Address) 507 SHUKERT 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 Cowgill, Mo. DATE OF BURIAL 3-10-31

20. UNDERTAKER R. V. Lindsey & Son 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.

Dr. Mackay Lyon.