

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

Do not use this space.

11073

1. PLACE OF DEATH

County Phelps

Registration District No. 677

File No. _____

Township Rolla

Primary Registration District No. 440.3

Registered No. 36

City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME

Arvid Curtis Kerr

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21, 1931

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

22. I HEREBY CERTIFY That I attended deceased from Mar 2, 1931, to Mar 21, 1931

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

I last saw him alive on Mar 20, 1931. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Treasurer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1811
10. Date deceased last worked at this occupation (month and year) 1-25-31
11. Total time (years) spent in this occupation 6

Glee resulting in Pleurisy and acute Nephritis
Date of onset 2-25-31
3-5-31
3-12-31
Other contributory causes of importance: 132^A
110^B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayneville Mo

13. NAME Arvid C Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayneville Mo

15. MAIDEN NAME Daniel York

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayneville Mo

17. INFORMANT (ADDRESS) Sarah A Kerr Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE Mar 22, 1931

19. UNDERTAKER (ADDRESS) Harvey R. McCasw Rolla Mo

20. FILED Mar 22, 1931 Joe F. Cyers Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Physio-Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. L. Mitchell, M. D.
(Address) Rolla Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1931

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Phelps Registration District No. 677 File No. _____
 Township _____ Primary Registration District No. 7403 Registered No. 94
 City Raley (No. _____) St. _____ Ward _____

2. FULL NAME Fred Curtis Kew
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14, 1867

| | | | | |
|-----------|-------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| <u>63</u> | | <u>6</u> | <u>7</u> | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____ (duration) _____ yrs. _____ mos. _____ ds.
 (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) _____

PARENTS

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____ (Address) _____

15. FILED May 9, 1931 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) _____ (duration) _____ 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) _____, M. D.
 _____, 19____ (Address)

*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 _____ |
| 20. UNDERTAKER _____ | 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-11073