

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

Do not use this space.

1. PLACE OF DEATH

County Andrain Registration District No. 24 File No. 17042
 Township Saltriver Primary Registration District No. 3002 Registered No. 62
 City Mexico Mo (No.) (St.) (Ward)

2. FULL NAME

John C. Kearns
 (a) Residence No. Andrain Hospital 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1931

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

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.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1900

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 *1 *17

Accidentally falling from truck at close relay intersection on H.W. 54 at approx. 10 o'clock May 30/31
 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Labourer 2 1/2 hrs
 (b) General nature of industry, business, or establishment in which employed (or employer) 2 1/2 hrs
 (c) Name of employer

CONTRIBUTORY (SECONDARY) none
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Mexico Mo
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. (5)

10. NAME OF FATHER Patrick Kearns

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

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

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. D. Bridgford Coroner
 at Camet House, Andrain County
 , 19 (Address) Mexico Mo

12. MAIDEN NAME OF MOTHER Annada McHugh

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

14. INFORMANT Harvey Kearns
 (Address) Mexico Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Memor. Catholic Burial 6-2 1931

15. FILED June 1st 1931 Geo S Milligan
 REGISTRAR

28. UNDERTAKER ADDRESS

H A Precht & Son Mexico Mo

A. 2. Every item of information on this certificate is very important. Exact statement of OCCUPATION is very important.

JUN 24 1931

CAUSE OF DEATH

N. R. - Every item of

Racial status

How'd the state

should state

condition

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Clairain
Towship
City Mexico (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 67
St. Ward)

2. FULL NAME

John O. Kearns

(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 M (write the word)

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

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

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

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (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)

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 19.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 19 31

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidentally falling from truck at Clark & 1st intersection on N.W. 1st. Truck was in motion and CONTRIBUTORY run into a hole in street throwing him from truck.

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

19

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. 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.

SUPPLEMENT

210

S-17042