

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

Do not use this space.

1. PLACE OF DEATH

County Maion
Township Mason
City Hannibal

Registration District No. 54
Primary Registration District No. 3099
(No. 2309, Chestnut)

File No. 35013
Registered No. 263
St. 6 Ward

2. FULL NAME

George H. Kerr
(a) Residence, No. 2309 Chestnut St., 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 2 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Neb.

13. NAME William Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Lula Kerr (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery DATE Oct. 4 - 1921

19. UNDERTAKER Johnnie Funeral Home (ADDRESS) Hannibal Mo.

20. FILED 25 1921 F. C. Caspers Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 - 1921

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1921, to Oct 1, 1921

I last saw him alive on Oct 1, 1921. Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Encephalitis
104B
78B 104B
Other contributory causes of importance:

Date of onset

about
Aug 15 - 21

(Probably important!)
treated sinus disease

Name of operation..... Date of.....
What test confirmed diagnosis? for symptoms. 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 Ferdinand B. Spencer, M. D.
(Signed) Ferdinand B. Spencer
(Address) 1209 Market St.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 5 1921



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