WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 23 1932

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

Do not use this space.

165

1. PLACE OF DEATH

11 5 9

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, (No. 1219 Faraon St. St. Ward)

2. FULL NAME Harry Gale Kerr

(a) Residence, No. 1219 Faraon St St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 42 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: Bertha Kerr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept, 27, 1869

7. AGE: YEARS 62 — MONTHS 3 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman, Wholesale
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Auto Supplies. 139
10. Date deceased last worked at this occupation (month and year): Dec, 31, 1931
11. Total time (years) spent in this occupation: 14 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newport, Ohio. 2

FATHER

13. NAME: James W. Kerr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newport, Ohio.

MOTHER

15. MAIDEN NAME: Harriett Jewell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marietta, Ohio.

17. INFORMANT (ADDRESS): Mrs. Bertha Kerr, 1219 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Jan, 4, 1932

19. UNDERTAKER (ADDRESS): Walter Moeserhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED JAN 4 1932, 19 John R. Gender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan, 1, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1, 1932, 19, to ....., 19
I last saw him alive on ....., 19 Death is said to have occurred on the date stated above, at 6.30 A.M.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset: Unk

Other contributory causes of importance: none

Name of operation: History — Date of
What test confirmed diagnosis? — 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 (5)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock, Coroner, M. D.
(Address) King Hill Bldg, St. Joseph, Mo.