

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

Do not use this space

923

1. PLACE OF DEATH
 49 County Jackson Registration District No. 398 File No. _____
 5 Township Blue Primary Registration District No. 3019 Registered No. 1
 City Independence (No. Indep. Sanitarium) St. _____ Ward _____

2. FULL NAME Thos Kerber
 (a) Residence, No. 8727 Indep Rd. St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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 Cora B. Kerber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>70</u>	<u>0</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patent Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheffield Steel Co

10. Date deceased last worked at this occupation (month and year) April 1931 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME George Fredrick Kerber

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

15. MAIDEN NAME Elizabeth Dillenbaum

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

17. INFORMANT Miss Cora B. Kerber
 (ADDRESS) 8727 Indep. Rd.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mound Grove DATE Jan 5-1932

19. UNDERTAKER Garson Funeral Home
 (ADDRESS) Independence Mo

20. FILED Jan 7 1932 W Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2-1932

22. I HEREBY CERTIFY That I attended deceased from Dec. 30, 1931, to Jan. 2, 1932
 I last saw him alive on Jan. 2, 1932 Death is said to have occurred on the date stated above, at 10: P. m.
 The principal cause of death and related causes of importance were as follows:
mitral stenosis Date of onset _____
92A
82B 92C
 Other contributory causes of importance: Urinal embolism

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ (1)
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Clayton B. Bunker _____, M. D.
 (Address) Independence Mo.

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.

FFB 24 1932

