

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

Do not use this space.

8558

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY

399
Registration District No. _____
Primary Registration District No. 0002
(No. 2651 EAST 29TH)

File No. 1140
Registered No. _____
St. _____ Ward) _____

2. FULL NAME MRS. SINA B KERKERING

(a) Residence, No. 2651 EAST 29TH St. 17 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND</u> OF (OR) WIFE OF <u>JOSEPH W. KERKERING</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 6 - 1860</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>10</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AT HOME</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH - 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1932, to March 18, 1932.
I last saw him alive on March 18, 1932. Death is said to have occurred on the date stated above, at 11:50 P.M.

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

Chronic myocarditis
Coronary dilatation
93C
95B
93 (1)
Other contributory causes of importance:

Date of onset 1932
..

MOTHER	12. BIRTHPLACE (CITY OR TOWN) <u>MT. PLEASANT</u> (STATE OR COUNTRY) <u>IOWA</u>
	13. NAME <u>BYRON MILLER</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OHIO</u>
	15. MAIDEN NAME <u>GOLISTA WELLS</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OHIO</u>
	17. INFORMANT <u>MRS. J. J. WHITE</u> (ADDRESS) <u>2651 EAST 29TH</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ELMOOD</u> DATE <u>MARCH - 19 1932</u>	
19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY</u>	
20. FILED <u>3/19 1932</u> <u>M. M. Crowe</u> Registrar.	

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) M. M. Crowe, M. D.
(Address) 847 E. 11th St.

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.

W. H. W. Armours

43 Argyle Bldg

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