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.

JUN 21 1932

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

Do not use this space.

15310

1. PLACE OF DEATH

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

Township — Primary Registration District No. 1001 — Registered No. 433

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Betty Jean Kearnes

(a) Residence, No. 2603 North 2 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11, 1930

7. AGE: YEARS 1 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Joseph Missouri

FATHER
13. NAME William Kearnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

MOTHER
15. MAIDEN NAME Clara Weiss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT Wm. Kearnes
(ADDRESS) 2603 north 2 street St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Auburn Cemetery
PLACE St. Joseph Mo. DATE May 2, 1932

19. UNDERTAKER H. O. Sidenfader
(ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED MAY 2 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932, to May 1, 1932

I last saw her alive on May 1, 1932 Death is said to have occurred on the date stated above, at 9:30A.m.

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

	Date of onset
Pneumococcic Meningitis	
79A	
106A 79A (1)	

Other contributory causes of importance: Acute bronchitis

Name of operation — 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. W. Tschatzer, M. D.

(Address) Pt. St. Bldg