

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

Do not use this space.

16287

1. PLACE OF DEATH

County Jackson Registration District No. 395 File No. 2080
 Township Yreaw Primary Registration District No. 1002 Registered No. 2080
 City Kansas City (No. 4 Kansas City Gen Hosp) St. Mo Ward 2

2. FULL NAME

James Kerr
 (a) Residence, No. 11301 Helmes St. 2 Ward. 2
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1870
 7. AGE YEARS 62 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 221
 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) Boscawen 1
Mo.

13. NAME James Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3!

15. MAIDEN NAME Unknown

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

17. INFORMANT Peter B. Lapetina
 (ADDRESS) R. & W. P.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Hill DATE May 24 1932

19. UNDERTAKER Peter B. Lapetina
 (ADDRESS) no info

20. FILED May 24 1932 M. M. Crowe
Regist.

MEDICAL CERTIFICATE OF DEATH

1 DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28 1932 to May 19 1932
 I last saw him alive on May 19 1932 Death is said to have occurred on the date stated above, at 3:15 P. m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
23A
23

Other contributory causes of importance: (D)

Name of operation none 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?
 If so, specify PE Williams M. D.
 (Signed) PE Williams
 (Address) 5-20-32 Supt. T.C. Gen. Hosp. T.C. Mo

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.

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

