

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

Do not use this space.

21213

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **1008**  
City St Louis (No. St Johns Hospital) St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

John P. Kearns  
(a) Residence, No. Townsend, Mont St., 12 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 4 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Cashier  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Bk of Towns  
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) Wisconsin

FATHER  
13. NAME John P. Kearns

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

MOTHER  
15. MAIDEN NAME Carah M. Curley

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

17. INFORMANT (ADDRESS) John P. Kearns  
Townsend, Mont

18. BURIAL, CREMATION, OR REMOVAL PLACE Townsend Mont DATE June 19th 1932

19. UNDERTAKER (ADDRESS) Mullen Edw D  
5165 Delmar Blvd

20. FILED JUN 19 1932 Wray Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 18 - 32

22. I HEREBY CERTIFY That I attended deceased from Feb 25, 1931 to June 18, 1932  
I last saw him alive on June 18, 1932. Death is said to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Endo cardiac Chronic  
Myo cardiac Chronic  
Per cardiac Acute

Other contributory causes of importance:  
93C  
90B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) C. H. Neilson and C. L. Garcia, M. D.  
(Address) Shenandoah Bldg St Louis 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.

