

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

Do not use this space.

17470

File No. 894  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Platte  
Township Pettes  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 695  
Primary Registration District No. 5922

**2. FULL NAME**

John Kerns

(a) Residence. No. Parkville R. 25 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. 30 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

**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**

May Stibbiger

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 28 1880

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>8</u>	<u>21</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**10. NAME OF FATHER**

James Kerns

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER**

No knowledge

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14. INFORMANT**

James Kerns  
(Address) Parkville

**15. FILED**

5/21/33 J. H. W. Miller  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 19<sup>th</sup> 1933

**17.**

I HEREBY CERTIFY, That I attended deceased from May 19<sup>th</sup> 1933 to May 19<sup>th</sup> 1933 that I last saw him alive on next day, 1933, and that death occurred, on the date stated above, at 7:00 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Gunshot wound in abdomen  
accidental

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

**IF NOT AT PLACE OF DEATH**

**DID AN OPERATION PRECEDE DEATH? DATE OF**

**WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) S. L. Durhams M. D.  
Coroner Platte County  
Parkville Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Walnut Grove

**DATE OF BURIAL**

May 22 1933

**20. UNDERTAKER**

Arvo Noland

**ADDRESS**

Parkville

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 23 1933

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