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

Do not use this space.

File No. 36493 4410

Registered No.

1934

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1012

City: Kansas City (No. Union Station St. Ward)

2. FULL NAME: R. M. Kerr (Rector M. Kerr)

(a) Residence, No. 329 South Jackson St., Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 30, 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	0	9	

OCCUPATION

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.:

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): Texas

FATHER

13. NAME: John W. Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER

15. MAIDEN NAME: Emma Woodfin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT: Mrs. Lucy Kerr
(ADDRESS): 329 So. Jackson

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Memorial Park Cem. DATE: Nov. 11 – 1933

19. UNDERTAKER: Stine & McClure
(ADDRESS): 3203 Gillham Plaza

20. FILED: 11-10 1933 M. McCrone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/9/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw him alive on ..., 19..., Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows: Accidental injury from machine. Injuries, amputation of right arm, shoulder and head. (Date of onset)

Other contributory causes of importance: DIDN'T DIE IN HOSPITAL

Name of operation: Autopsy 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? Accidental Date of injury 11/9/33
Where did injury occur? Union Sta. Kansas City, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury: Got caught in conveyor
Nature of injury: Left arm (Ser. alone)

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify:
(Signed): [illegible] M.D.
(Address): [illegible] DEPOT

Deputy Coroner 5P

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

MARGIN RESERVED FOR BINDING

F. S. NO. 2