

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **791**
City. **St. Louis,** (No. **3619 Missouri Ave.**) **1903** St. Ward)

File No. **18530**
Registered No. **5020**

2. FULL NAME

Archie G. Kernahan
(a) Residence, No. **3619 Missouri Ave.** St., **24** 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 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 Bertha Kernahan		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1850.		
7. AGE 83	YEARS 11	MONTHS 21.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock-man.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l. Stock yards Retired 15 yrs.
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) New York.		
13. NAME James Kernahan.		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.		
15. MAIDEN NAME Mary Goodin		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.		
17. INFORMANT (ADDRESS) Vardie Quellan 3619 Missouri Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE May 19, 1934.		
19. UNDERTAKER (ADDRESS) J. N. Hubber Lx Co. 2842 Meramec St. 18		
20. FILED J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **May 14th**, 1934, to **May 17th**, 1934
I last saw **him** alive on **May 14th**, 1934. Death is said to have occurred on the date stated above, at **4⁰⁹** a. m.
The principal cause of death and related causes of importance were as follows:
Uræmic Poisoning caused by senility
Date of onset
1820 5 2 11
Other contributory causes of importance:
Infirmitie of age

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** 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) **P. M. Greub**, M. D.
(Address) **3402 California**

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 19 1934

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