

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Washington
City Edgar (No. 1)

Registration District No. 664
Primary Registration District No. 5884

File No. 21428
Registered No. 19

2. FULL NAME

Edgar S. Kerfoot
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>(His wife)</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6th 1885</u>					
7. AGE		YEARS <u>78</u>	MONTHS <u>10</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>His Own</u>				
	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) <u>Virginia</u>					
MOTHER	13. NAME <u>W. Kerfoot</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>				
	15. MAIDEN NAME <u>Jocosa Trust</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>					
17. INFORMANT (ADDRESS) <u>Mrs E. S. Kerfoot</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Outreach</u> DATE <u>June 19, 1934</u>					
19. UNDERTAKER (ADDRESS) <u>A. R. Shelley</u>					
20. FILED <u>June 19th 1934</u> <u>A. R. Shelley</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19th 1934 to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Endo Carditis
and
MI
Other contributory causes of importance:
MI

Name of operation _____ 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.

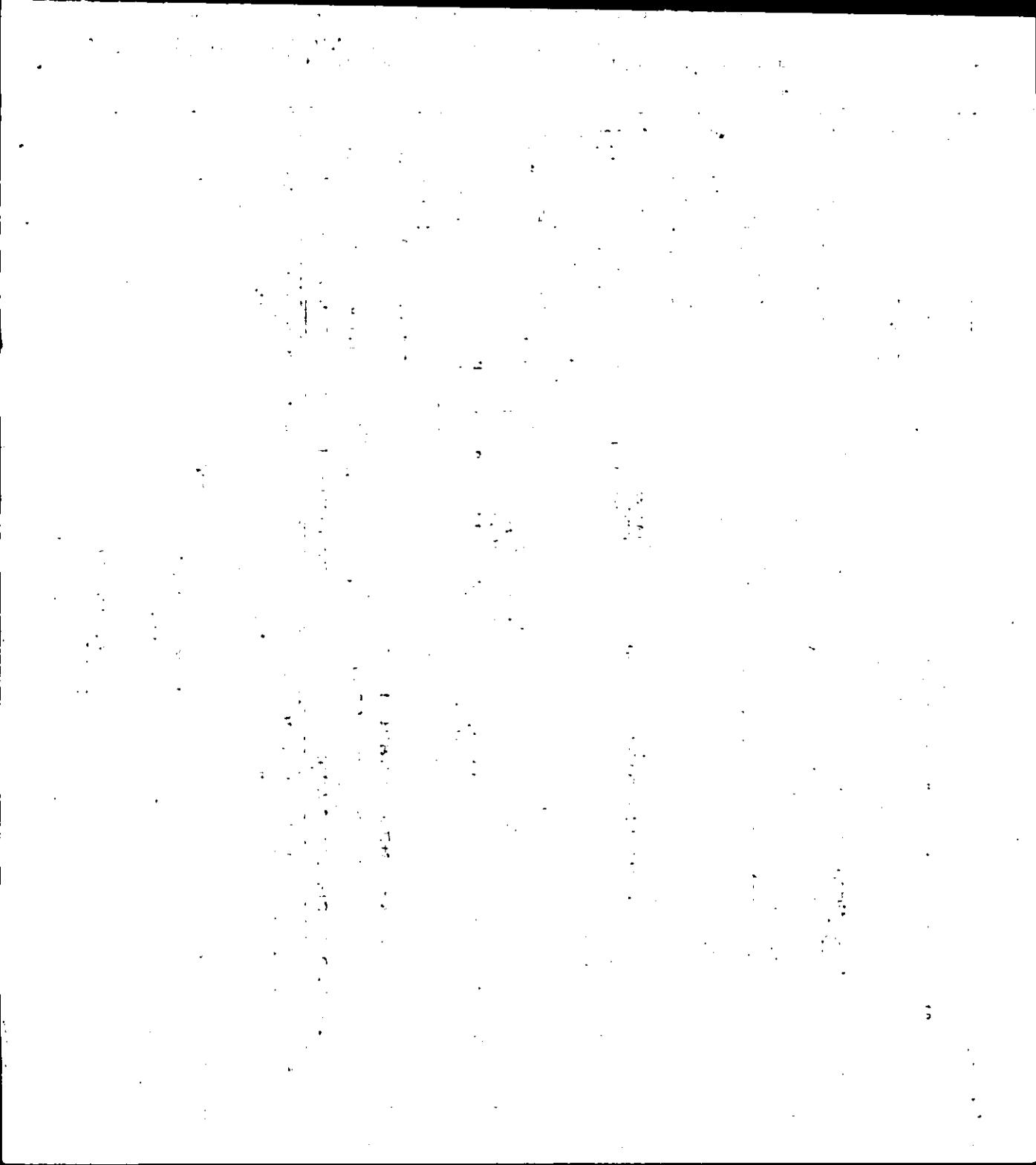
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify NO
(Signed) W. E. Sweeney M. D.
(Address) Corvair

N. B.—Every item of information should be carefully supplied. AGE 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 CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1884
70
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Pettis

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Edgar S. Kerfoot
Who died at _____ on June 19 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth Aug 6th 1855 Age: Years 78 Months 10 Days 13

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Just a Farmer Her Own
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
But Retired At time of Death

Date deceased last worked at this occupation: Month _____ Year _____
Chronic

Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation No Operation Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Natural Death Date of injury NO 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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician Dr. C. C. Snavely, Coroner Sedalia Mo.
Signature of Registrar A. P. Shelley Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 664
Primary Reg. Dist. No. 5884
Very truly yours,
E. T. McLaugh
State Registrar
Special Agent.

S-21428