

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

Do not use this space.

1. PLACE OF DEATH

74 County St. Francois Registration District No. 1115
 Township Libertyville Primary Registration District No. 6021
 City Libertyville St. _____ Ward _____

File No. 26206
 Registered No. 12

2. FULL NAME

(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. (If nonresident, give city or town and State)

Geo. P. Kearns

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maie Kearns

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1934
 22. I HEREBY CERTIFY That I attended deceased from May 1, 1934 to July 28, 1934
 I last saw him alive on July 18, 1934 Death is said to have occurred on the date stated above, at 8 P. M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1865
 7. AGE YEARS 68 MONTHS 7 DAYS 22
 If LESS than 1 day, _____ hrs. or _____ min.

Carcinoma of Urinary Bladder
 Date of onset 5-1-34

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

13. NAME Andrew J. Kearns
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Katie Merritt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT A. W. Kearns
 (ADDRESS) 1212 River Mo

18. BURIAL, CREMATION, OR REMOVAL Cedar Cemetery DATE 7-30 1934

19. UNDERTAKER Baldwell Bros
 (ADDRESS) 1212 River Mo

20. FILED 8/2 1934 H. A. Rydeen Registrar.

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 _____ (Signed) Geo. L. Watkins M. D.
 (Address) Farmington Mo

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. AUG 16 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

