

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.

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

Do not use this space.

SEP 23 1935

1. PLACE OF DEATH

County Livingston  
Township Greene  
City Waverly (No. ....)

Registration District No. 512-4570  
Primary Registration District No. 5682

File No. 26960  
Registered No. ....  
St. .... Ward

2. FULL NAME Isiah Kerr

(a) Residence, No. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 1947

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
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) Adams Co Ohio

13. NAME Robert Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Jane Crummett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Harry Myers  
Utica Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Utica DATE 8 18 1935

19. UNDERTAKER (ADDRESS) H. B. Morrison  
Utica Ohio

20. FILED Aug 18 1935 Anna Carpenter  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1935 to 8/16 1935  
I last saw him alive on 8/13 1935 Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Aug 7  
80  
Other contributory causes of importance:

Name of operation None Date of .....  
What test confirmed diagnosis? Chemical 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) G. W. Carpenter M. D.  
(Address) Utica Mo.

