NOV 18 1935

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

Do not use this space.

31954

1. PLACE OF DEATH

County Buchanan — Registration District No. 35 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1100

City St. Joseph, Mo. (No. 2709 South 25th St. Ward)

2. FULL NAME Chas. D. Kerns

(a) Residence, No. 2709 So. 25th St., Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1925

7. AGE: YEARS 10 — MONTHS 9 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) St. Joseph, Mo.

FATHER
13. NAME Rolly Kerns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

MOTHER
15. MAIDEN NAME Unknown Chafin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Market Mo.

17. INFORMANT (ADDRESS) Mr. Rolly Kerns St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FREEMAN CHAPEL DATE 10/27/35, 19

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC.

20. FILED 10-26, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1935, to Oct 25, 1935.
I last saw him alive on Oct 25, 1935. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria — Date of onset

10

Other contributory causes of importance:

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) J. W. Mays, M. D.
(Address) St. Joseph Mo.

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.

100M-11-24-33

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