

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

Do not use this space.

32587

NOV 25 1935

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Independence Primary Registration District No. 3019
 City Independence (No. Sanitarium) St. _____ Ward _____

File No. _____
 Registered No. 321

2. FULL NAME

Chra May Kerr
 (a) Residence, No. 600 W. Vanhorn 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Woodlin Kerr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24 - 1874</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>4</u>
		DAYS
		<u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935, to Oct 17, 1935
 I last saw him alive on Oct 16, 1935 Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:

Septicaemia
Fredwigs Angina
 Other contributory causes of importance:

Date of onset
Oct 7

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

MOTHER FATHER

13. NAME Lylaude Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandersky Ky.

15. MAIDEN NAME Lainig Austin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandersky Ky.

17. INFORMANT (ADDRESS) Mr. J. W. Kerr
600 W. Vanhorn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Int. W. Washington DATE Oct 21 1935

19. UNDERTAKER (ADDRESS) Ott & Mitchell
Independence Mo.

20. FILED 10-19-35 J. L. Cook
 Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external cause (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) J. G. Hecker, M. D.
 (Address) Independence 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.

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

