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.

APR 23 1936

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

Do not use this space.

10878

File No.

Registered No. 1553

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township — Primary Registration District No. 1602

City: Kansas City, (No. 4004 Agnes St., St., Ward)

2. FULL NAME Mary Margaret Kerlin (Mary Margaret Kerlin)

(a) Residence, No. 4004 Agnes St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 18, 1840

7. AGE: Years 95 — Months 3 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.

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): Reedsville, Penn.

FATHER

13. NAME: George Wherry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mifflin Co. Penn.

MOTHER

15. MAIDEN NAME: Sarah Hoyt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mifflin Co. Penn.

17. INFORMANT (ADDRESS): Mrs. Geo. S. Murphy, 4004 Agnes St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: St. Joseph, Mo. DATE: Mar. 23, 1936

19. UNDERTAKER (ADDRESS): Sine-McClure, Kansas City Mo

20. FILED: Mar 22, 1936 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~Dec 18, 1840~~ Mar 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/19, 1936 to ....., 19.....

I last saw her alive on 3/19, 1936. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

	Date of onset
Senility	
162	

Other contributory causes of importance:

Senility

Name of operation: None — Date of

What test confirmed diagnosis? — Was there an autopsy?

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. S. Murphy M. D.

(Address) 716 Professional Bldg. Kansas City Mo