JUL 17 1936

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

Do not use this space.

22186

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 210
City Fulton (No. , St. Ward)

2. FULL NAME J. V. Kerr
(a) Residence, No. State Hospital 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. 2 mos. 10 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): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't Know 2-7-54

7. AGE: YEARS 82 — MONTHS 4 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Don't Know Scotland Co Mo

FATHER
13. NAME: ~~Don't Know~~ Kerr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co Mo.

MOTHER
15. MAIDEN NAME: Clarissa Houck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co Mo.

17. INFORMANT (ADDRESS): Records State Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirkwood Ga DATE July 1, 1936

19. UNDERTAKER (ADDRESS): Kerr A. Baskett Memphis Mo

20. FILED 6/30/, 1936 R. N. Creus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~April 19~~ June 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1936, to 6-29, 1936
I last saw him alive on 6-29, 1936. Death is said to have occurred on the date stated above, at 8:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	

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Other contributory causes of importance:
Bronchial Pneumonia

Name of operation — Date of
What test confirmed diagnosis? — 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?
If so, specify
(Signed) Richard B Bridgeman Jr., M. D.
(Address) Fulton 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

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