

MAR 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

// County Buchanan,Township St. Joseph,City St. Joseph,(No. Missouri Methodist Hospital)Registration District No. 85Primary Registration District No. 1001File No. 5073Registered No. 157St. Amity Ward 12. FULL NAME Hulda B. Kerns,(a) Residence, No. St.

(Usual place of abode)

Ward. Amity, Missouri, 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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)

Married

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

Frank Kerns,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1870

7. AGE

YEARS

66

MONTHS

2

DAYS

11

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) DeKalb County,
(STATE OR COUNTRY) Missouri,

FATHER

13. NAME

Sidney Lynch,14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

MOTHER

15. MAIDEN NAME

Arie C. Quinn,16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,17. INFORMANT (ADDRESS) C. J. Pileher
Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Amity, Mo.DATE Feb'y 9th 193719. UNDERTAKER (ADDRESS) Heaton-Britcher-Bauman
319 So. 10th, St. Joseph, Mo.20. FILED Feb 8 1937
H. J. Heidebreck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 193722. I HEREBY CERTIFY, That I attended deceased from 2-3 1937, to 2-8 1937I last saw her alive on 2-8 1937 Death is saidto have occurred on the date stated above, at 8:45 p.m.

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

Fracture left Hip

Date of onset

Other contributory causes of importance:

Cardiac FailureName of operation Nailing of Hip Date of 2-6-37What test confirmed diagnosis? X-ray Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 2-3 1937Where did injury occur? House near Amity, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home - slipped & fell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Kulowski M. D.(Address) St. Joseph, 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.

