

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Co Home Registration District No. 400
Township Prairie Primary Registration District No. 55530
City Kansas City (No. Jackson Co Home) St. Ward

File No. 34443
Registered No. 149

2. FULL NAME

John P Stearns
(a) Residence, No. Jackson Co Home 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

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 Mary Rhodie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 2

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

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) Ohio

13. NAME John Stearns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Ernest Jackson (ADDRESS) Jackson Co Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron, Mo. DATE Sept. 7, 1937

19. UNDERTAKER Ketterlin (ADDRESS) K. C. Mo.

20. FILED 9-6- 1937 William J. Shields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1937, to 9-5, 1937

I last saw h. alive on 9-4, 1937. Death is said

to have occurred on the date stated above, at 8 P. m.

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

chronic myocarditis (Date of onset)

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?

If so, specify (Signed) J. H. Green 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.

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