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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123 — File No. 35328

Township — Primary Registration District No. 6248 B — Registered No. 365

City Jefferson Barracks (No. , Veterans Facility St. Ward)

2. FULL NAME Vernon Kersey

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

Length of residence in city or town where death occurred Unkn 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1987

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	7	5	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

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) Russellville Kentucky

FATHER

13. NAME George Kersey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER

15. MAIDEN NAME Dora Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Clinical Clerk M. Schilling VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Sept 7 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister Und. Co. 7 N. S. Bdway

20. FILED Sept. 7 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937, to Sept. 5, 1937

I last saw him alive on Sept. 5, 1937 Death is said to have occurred on the date stated above, at 7:55 AM

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

	Date of onset
Tuberculosis, pulmonary, chronic active, terminal, F.A.	Unkn.

Other contributory causes of importance:

Pleurisy fibrinous, chronic, left	Unkn.
Bronchitis, chronic	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy clinical manif. and laboratory 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 C. W. Hughes

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.

(Address) VAF Jefferson Barracks, Mo