

SEP 14 1938

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

Do not use this space.

28424

1. PLACE OF DEATH

County Beechaver Registration District No. 86
Township Washington Primary Registration District No. 5127
City St. Joseph (No. 36.10 Ro. 16 R.R. #5 St. _____ Ward)

File No. _____
Registered No. 41

2. FULL NAME

SHIRLEY - JUNE - KEARNES.

(a) Residence, No. 36.10 Ro. 16 St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16 1937</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>1</u>
		<u>15</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to July 31, 1938
I last saw her alive on July 31, 1938 Death is said to have occurred on the (date stated above, a Q.P. m.
The principal cause of death and related causes of importance were as follows:
Acute Gastro-Enteritis Date of onset July 29
11/10
Other contributory causes of importance: bronchitis July 31
1938

Name of operation _____ Date of _____
What test confirmed diagnosis? Stool Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
resident, 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? No
If so, specify _____
(Signed) Walter P. Smith, M.D. M. D.
(Address) St. Joseph, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>
	13. NAME <u>Roy Kearnes</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>
	15. MAIDEN NAME <u>Hellie Mae McComb</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>
	17. INFORMANT <u>Roy Kearnes</u> (ADDRESS) <u>St. Joseph Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hempel Mo.</u> DATE <u>Aug 3 1938</u>	
19. UNDERTAKER (ADDRESS) <u>St. Joseph Mo.</u>	
20. FILED <u>Aug 2 1938</u> <u>Walter P. Smith</u> Registrar.	

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.

WHITE PRINT WITH OPAIDING MARKS IS A PERMANENT RECORD

