

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

Do not use this space.

18381

FILED JUN 20 1940

1. PLACE OF DEATH

County Gentry, Mo. Registration District No. 311
Township Wilson Primary Registration District No. 5433
City Parnell, Mo (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Thomas Kerwin
(a) Residence, No. Parnell Mrs St. Parnell (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 1940

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1939, to 6-2 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1865

I last saw him alive on 6-1 1940 Death is said

7. AGE YEARS 74 MONTHS 3 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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

Cerebral hemorrhage Date of onset 5-8-40
Arterio Sclerosis

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 life

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co., Iowa

13. NAME Phillips Kerwin

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

15. MAIDEN NAME Johanna Long

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

17. INFORMANT Mrs Joie Kerwin

18. BURIAL, CREMATION, OR REMOVAL PLACE Delora Cemetery DATE June 5 1940

19. UNDERTAKER Long & Boyd (ADDRESS) Raywood, Mo

20. FILED June 1 1940 Carl Williams Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? _____

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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Carl Williams M. D.

283 (Address) Conception, 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 importa

RECEIVED

District Health Officer No. 111

District File Number 40-849

Date Filed JUN 10 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18381

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 311

Primary Registration District No. 3433

Registrar's No. _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Bentley

(b) City or town. Weldon

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

years, months or days

3. (a) PRINT FULL NAME Thomas Kervin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race W

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife, if alive _____ year

7. Birth date of deceased 8 21 1865

(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 9

If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 31 1940 (b) Ch. Williamson

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bentley

(c) City or town Purnell

(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location) R. 7 D.

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2

year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) _____ (Specify type of place)

23. Signature Ch. Williamson (M. D. or other) _____

Address no Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

