

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

Do not use this space.

37122

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. \_\_\_\_\_)

Registration District No. 744  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 100  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mrs Rosie Kerns**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 87

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Ben Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Barbara Fields

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ill.

14. INFORMANT George Rouse  
(Address) Mosby Mo.

15. FILED 11-20-30 E. E. Fay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1930 to Nov 19 1930 that I last saw him alive on Nov 18 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Lobar Pneumonia

CONTRIBUTOR (SECONDARY) LOW (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Specimen  
(Signed) J. H. Payne M. D.

Nov 19 1930 (Address) Richmond Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Sugar Tree Cem 11-20-30

20. UNDERTAKER ADDRESS  
C. M. JOINER RICHMOND 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.

