

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.

FEB. 27 1934

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

Do not use this space.

2330

PLACE OF DEATH

County St. Francis  
Township St. Francis  
City (No. ...., ..... St. .... Ward)

Registration District No. 773  
Primary Registration District No. G. O. 18A

File No. ....  
Registered No. 15

2. FULL NAME

Kerber  
(a) Residence, No. Farmington, Mo. Route # 6 St. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20-1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Farmington, Missouri  
(STATE OR COUNTRY)

MOTHER FATHER  
13. NAME Alvin Kerber

14. BIRTHPLACE (CITY OR TOWN) Farmington, Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Adeline Biesen

16. BIRTHPLACE (CITY OR TOWN) New Affenberg, Missouri  
(STATE OR COUNTRY)

17. INFORMANT Alvin Kerber  
(ADDRESS) Farmington, Missouri Route # 6

18. BURIAL, CREMATION, OR REMOVAL PLACE our farm (Kerber) DATE Jan 21 1934

19. UNDERTAKER none (Family)  
(ADDRESS) Farmington, Mo

20. FILED Jan 21, 1934 B. J. Robinson  
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934 to Jan 20 1934  
I last saw her alive on Jan. 20<sup>th</sup> 1934. Death is said to have occurred on the date stated above, at 6:05 a.m.

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

Premature Birth  
4 months  
159

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) R. Appleberry, M. D.  
(Address) Farmington, Missouri

