

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

Do not use this space.

Jan 20 1937

42359

1. PLACE OF DEATH

County St. Francois Registration District No. 774
 Township St. Francois Primary Registration District No. 601813
 City Leadington (No.) St. Ward)

File No. 360
 Registered No.

2. FULL NAME

Jesse May Kearns
 (a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Kearns

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1936 to 11-30, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1869

I last saw him alive on Nov. 30, 1936 Death is said to have occurred on the date stated above, at 6 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 0 9

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

Double Bronchial Pneumonia Date of onset

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

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

10. Date deceased last worked at this occupation (month and year) 11-30-1936 11. Total time (years) spent in this occupation 47

Other contributory causes of importance

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

13. NAME William A. Kindle

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

15. MAIDEN NAME Ann Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

Name of operation..... Date of.....

What test confirmed diagnosis? Examination Was there an autopsy? No

17. INFORMANT (ADDRESS) Wesley Kearns Leadington mo

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.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) Leadington mo DATE 12-2-36

19. UNDERTAKER (ADDRESS) Caldwell Butz Flat River mo

20. FILED 1-5 19 37 Blair Registrar.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. A. Melton, M.D.

(Address) Flat River, mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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