

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (Chap. 193.380 RSMo 1969)

STATE OF MISSOURI }
CITY OF JEFFERSON } ss I HEREBY CERTIFY that this is an exact reproduction of the
certificate for the person named therein as it now appears in the permanent records of the Bureau of
Vital Records of the Division of Health of Missouri. Witness my hand as State Registrar of Vital
Statistics and the Seal of the Division of Health of Missouri this date of

MAY 14 1975

Herbert R. Corral
State Registrar of Vital Statistics

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

Do not use this space.

33258

1. PLACE OF DEATH

County Gascon Registration District No. _____ File No. _____
Township 1st Primary Registration District No. _____ Registered No. _____
City Kennett (No. 12 General _____ St. 1107 Ward _____)

2. FULL NAME

Red Kershaw
(a) Residence, No. 1515 Central St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-33

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1867

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1933 to 10-20, 1933
I last saw him alive on 10-20, 1933 Death is said to have occurred on the date stated above, at 6:55 P.M.

7. AGE YEARS 66 MONTHS 4 DAYS 21 IF LESS than 1 day, hr. or min.

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

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

Other contributory causes of importance:

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

Name of operation _____ Date of _____
What last confirmed diagnosis? _____ Was there an autopsy? yes

13. NAME Peter Kershaw

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.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Hannah Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Debra Clark

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) St. Washington DATE 10-28-33

19. UNDERTAKER (ADDRESS) Quirk + Tobias

20. FILED 10-25-33 M.M. Brown

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) _____, M. D.