

Cynthiana Democrat – March 28, 1940

JAMES H. KEARNS

James H. Kearns, 71 years old, well known farmer, died Tuesday, March 26, at his home at Connersville after an illness of four years. The body was brought to the Smith-Rees Home and later taken back to the residence. Funeral services will be held at the Mt. Pleasant Methodist church, near Oddville, this afternoon at 2 o'clock, with the Rev. J. F. Arnold officiating. Burial in Mt. Pleasant cemetery. Pall bearers, Shirley Roy, Herman Kearns, W. M. Arnold, James Goodnight and Tom Mallory. Mr. Kearns was born in this county August 19, 1859, a son of the late W. D. and Millie Wheeler Kearns. He is survived by his wife, Mrs. Mattie Mullen Kearns, four daughters, Mrs. Ed. Honican, this county, Mrs. Porter Fields, Cynthiana, Mrs. Wallace Browning, Falmouth, Miss Elmo Kearns, Connersville; three sons, Chester, of Indianapolis; Stanley and Rector, both of this county. Mr. Kearns was a member of Mt. Pleasant church and a man who stood well in the communities in which he had lived. His passing is a matter of much regret to his friends and neighbors, who sympathize deeply with the family.

Kearns, James Henry 1859 - 1940

Form V, B. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6981
 File No.
 Registered No.

1. PLACE OF DEATH
 County Harrison
 Vol. Commer
 No. 673
 Registration District No. 673
 Ino. Town
 Primary Registration District No. 5812
 City (No. St. Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME James Henry 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>			21. DATE OF DEATH <u>March 26, 1940</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mattie Muller Kearns</u>					22. I HEREBY CERTIFY that I attended deceased from <u>March 24, 1940</u> to <u>March 24, 1940</u> I last saw him alive on <u>Jan 21, 1932</u> death is said to have occurred on the date stated above, at <u>72 years</u> The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH <u>Aug 19, 1859</u>	7. AGE Years <u>80</u> Months <u>7</u> Days <u>7</u> If LESS than 1 day, or, min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			<u>Dysentery</u> <u>Sclerema</u> <u>Serulity</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					Date of onset	
10. Date deceased last worked at this occupation (month and year)					Contributory causes of importance not related to principal cause: <u>grad 41</u>	
11. Total time (years) spent in this occupation					Name of operation Date of What test confirmed diagnosis? <u>Was there an autopsy?</u>	
12. BIRTHPLACE <u>Kentucky</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? date of injury 10 Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
13. NAME <u>H. B. Kearns</u>					Manner of injury	
14. BIRTHPLACE <u>Kentucky</u>					Nature of injury	
15. MAIDEN NAME <u>Millie Wheeler</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>2251</u>	
16. BIRTHPLACE <u>Kentucky</u>					(Signed) <u>J. B. Brumback</u> M. D.	
17. INFORMANT <u>Mrs. Porter Fields</u>					(Address) <u>Cynthiana, Ky</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt Pleasant</u> Date <u>March 28, 1940</u>						
19. UNDERTAKER <u>Smith-Ross Co</u>						
(Address) <u>Cynthiana, Ky</u>						
20. FILED <u>Mar 27, 1940</u>						
Registrar <u>Wm. J. Kearns</u>						

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.