

Kearns, Lewis R 1871 - 1934

Form V. S. 1-A-75m-3-30-33

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

0836
File No. 25
Registered No. 82

1. PLACE OF DEATH
County Bourbon
Vot. Pat. Paris #3 Registration District No. 90
Inc. Town Paris Primary Registration District No. 2040
City Paris (No. _____ St. _____ Ward _____)

2. FULL NAME Lewis R. Kearns (Lewis R. Kearns)
(a) Residence, No. 1531 Main 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>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>		21. DATE OF DEATH <u>May-20-1934</u>	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Hola Mullen Kearns</u>				22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____	
9. DATE OF BIRTH <u>July 5 1871</u>				I last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at <u>8:40 Am.</u>	
7. AGE Years <u>62</u> Months <u>10</u> Days <u>15</u>		11. Total time (years) spent in this occupation		The principal cause of death and related causes of importance in order of onset were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>James Retort</u>				Struck by L & N engine	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				Fractured Skull, Left & Right Shoulders broken, Right Jaw Broken.	
10. Date deceased last worked at this occupation (month and year)				Contributory causes of importance not related to principal cause:	
12. BIRTHPLACE <u>Harrison Co Ky</u>				Name of operation _____ Date of _____	
13. NAME <u>Daniel Kearns</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE <u>Harrison Co Ky</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____	
15. MAIDEN NAME <u>Mary E Cunningham</u>				Where did injury occur? _____ (Specify city or town, county, and State)	
16. BIRTHPLACE <u>Harrison Co Ky</u>				Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Ernest R. ...</u> (Address) <u>1531 S. Main Paris</u>				Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Evansville, Ind</u> Date <u>May 25 1934</u>				Nature of injury _____	
19. UNDERTAKER <u>Amest-Reel Co</u> (Address) <u>Evansville, Ind</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
20. FILED <u>June 1st 1934</u>				(Signed) <u>Rudolph Dain Cronan</u> (Address) <u>Paris, Ky.</u>	

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.