

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard Registration District No. 839
Township Richland Primary Registration District No. 6101
City Grayridge (No. _____, _____ St. _____ Ward _____)

18425
File No. 21212 A
Registered No. _____

FULL NAME Lawrence Kernell
(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

3. SEX Male 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. 25, 1995
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 3 24

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

FATHER 13. NAME P. H. Kernell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Suson Nation
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mary E. Roberts Grayridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morley, Mo. DATE 5/19/20 19. _____

19. UNDERTAKER (ADDRESS) C. O. Biggs Dexter, Mo.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18/20 19 _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19_____, to _____, 19_____. I last saw him _____ alive on _____, 19_____. Death is said to have occurred on the date stated above, at _____ m.

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

Shot to death by J. O. Roberts
193
173
Other contributory causes of importance: _____
Date of onset _____

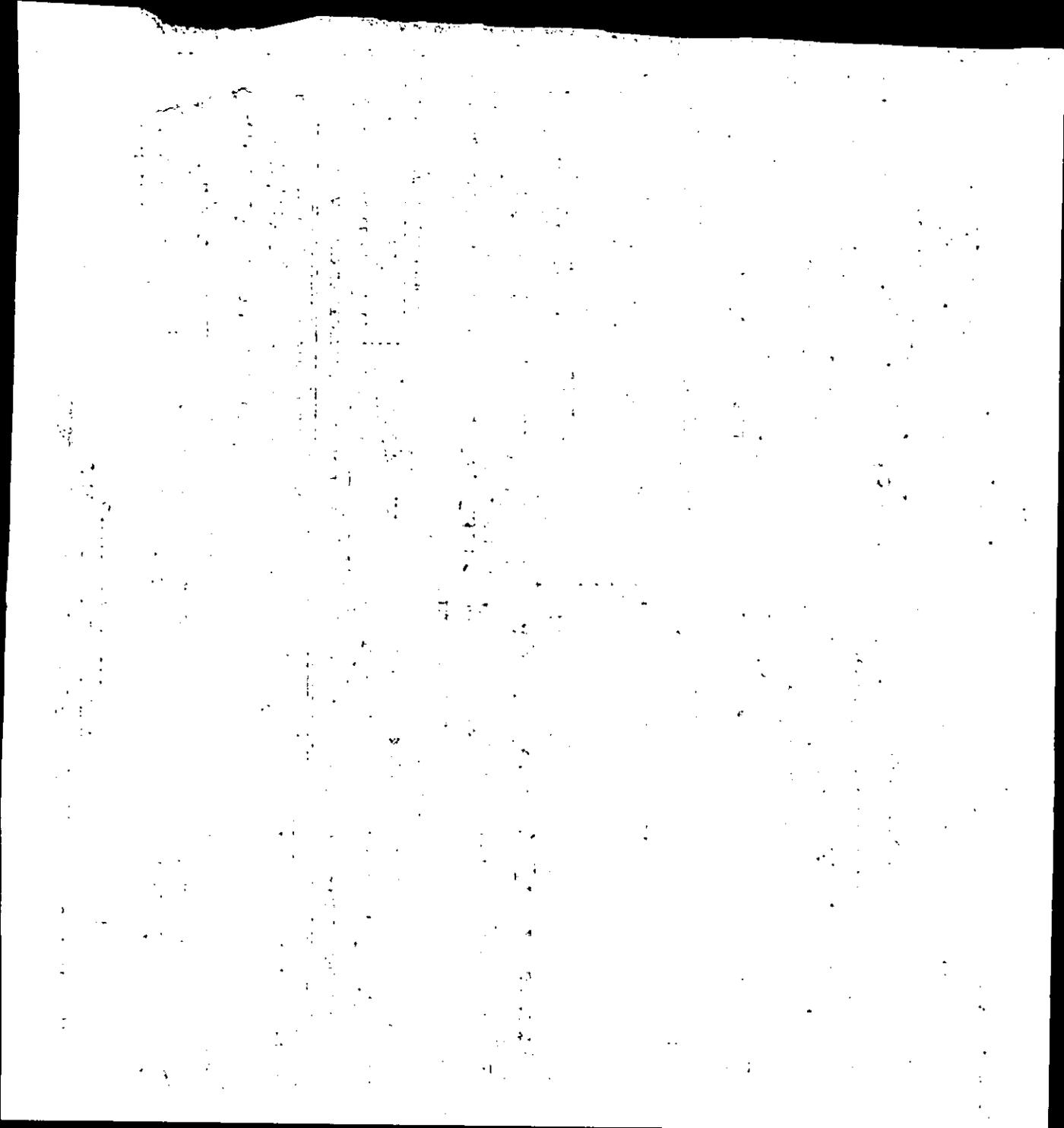
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 5/18/20

Where did injury occur? Grayridge, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. O. Biggs Coroner
(Address) _____



C. O. Biggs Undertaking Company

Morticians.

Dexter, Missouri

May 24, 1932

Mr. G. A. Theilmann,
Asst. State Registrar,
Jefferson, City, Mo.

Dear Sir:

In answer to your letter of May 20th, requesting a Certificate of Death for Lawrence Kernell who was killed at Grayridge, Mo. on May 18, 1920, I am enclosing same herewith.

At the time of this death I was both Coroner and Undertaker in charge of this case and know these facts to be truth.

Yours very truly,

C. O. Biggs.

21212

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Stoddard Registration District No. 8 39
 Township Wrayford Primary Registration District No. 6101
 City Wrayford (No.) St. Ward)

File No.
 Registered No. 13

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 / 18 / 20

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1895

to, to, 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 3 24

I last saw h. alive on, 19..... Death is said to have occurred on the, 19..... m.

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

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

Shot to death by J. O. Roberts (Date of onset)

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) Kentucky

13. NAME C. W. Kernell

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

15. MAIDEN NAME Susan W. Kernell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Francis Roberts

18. BURIAL, CREMATION, OR REMOVAL PLACE Worley DATE 5 / 19 / 20

19. UNDERTAKER (ADDRESS) C. O. Biggs

20. FILED 5-31-20 J. P. Brandon Registrar

Name of operation Date of

What test confirmed diagnosis? 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 5 / 18 / 20

Where did injury occur? Wrayford, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify C. O. Biggs

(Signed) C. O. Biggs (Address) Wrayford, Mo.

REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

COPIES OF THIS SUPPLEMENTARY

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