

FEB 20 1928

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

Do not use this space.

208

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
Township Washington Primary Registration District No. 1001 Registered No. 15  
City St. Joseph (No. No Methodist Hosp. St. \_\_\_\_\_ Ward)

2. FULL NAME James Bernard

(a) Residence. No. 616 Buchanan Ave 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Aug 25 1921

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
6 | 4 | 10 | | |

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work School boy  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. A. Bernard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Pickard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

14. INFORMANT Per Gould  
(Address) 2525 Dale St.

15. FILED JAN 6 - 1928  
John Y. Hoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928 to Jan 5, 1928 that I had seen him alive on Jan 2, 30 P.M., 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Hemorrhagic Meningitis  
79A  
106A71A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 da.

CONTRIBUTORY Acute Bronchitis  
(SECONDARY)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, St. Joseph Mo

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Smears from pleurae with special fluid examination  
(Signed) Edw. J. Moore, M. D.  
1/5, 1928 (Address) St. Joseph Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Mo DATE OF BURIAL Jan 6, 1928

20. UNDERTAKER E. Q. Sidenfaden ADDRESS 602 So. 10th

N. B.—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.

