

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

Do not use this space.

5036

**1. PLACE OF DEATH**

County Shelby Registration District No. 830 File No. 10  
 Township Spartan Primary Registration District No. 6091 Registered No. \_\_\_\_\_  
 City Shelbina Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George M. Kern  
 (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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 1 12 — — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Adams  
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Charley Kern

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Mary McRady

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) not known

14. INFORMANT J. Frank Rogers  
 (Address) Shelbina Mo.

15. FILED Feb. 29 Madge Yoch  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 21, 1929, to Jan 21, 1929  
 that I last saw him alive on Jan. 21, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

132B THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cong which was probably uremia, only knew this once and approx. history of cong implied for 10 yrs.  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. B. Rogers, M. D.  
 (Address) Shelbina 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 700 St. Cemetery Shelbina DATE OF BURIAL Jan 23 1929

20. UNDERTAKER J. B. Rogers ADDRESS Shelbina Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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