

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

Do not use this space.

30629

1. PLACE OF DEATH

County Greene
Township Trenton
City Trenton (No.) St. Ward)

Registration District No. 330
Primary Registration District No. 3017

File No.
Registered No.

2. FULL NAME

Katie Bernard
(a) Residence No. 1200 Harris St. Ward.
(Usual place of abode)

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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 30 - 1855</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. or min.

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

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

10. NAME OF FATHER J. John French

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER M. Rachel French

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

14. INFORMANT Jack Bernard
(Address) Trenton Mo.

15. FILED Oct 2, 1929 E. A. Duffy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1929
17. I HEREBY CERTIFY, That I attended deceased from Apr 29 1929, to 30 Sept 29 1929 that I last saw him alive on 30 Sept 1929, and that death occurred, on the date stated above, at 11:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
HB

CONTRIBUTORY (SECONDARY) Influenza (duration) several yrs. mos. ds.
97
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF ...
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Findings & Bx
(Signed) E. A. Duffy M. D.
2 Oct 1929 (Address) Trenton 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 Knutton Cem DATE OF BURIAL Oct 2 1929

20. UNDERTAKER Gerson Funeral Home ADDRESS Trenton 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.

