

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

Do not use this space.

12591

1. PLACE OF DEATH

County Jackson

Registration District No. 302

File No.

Township Man

Primary Registration District No. 1

Registered No.

City Kansas City (No. 6101)

Wornall Rd.

St.

1520

Ward

2. FULL NAME

William H. Bern

(a) Residence. No. 6101 Wornall Rd. St. 8 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED widowed
WIDOWED OF Sophia L. Bern
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bedford
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER A. J. Bern

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Winona E. Bell
(Address) 6101 Wornall Rd.

15. FILED 4/7 30 1930 M. M. Orsue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 1929, to April 4 1930 that I last saw him alive on March 2 1930, and that death occurred, on the date stated above, at 940 J. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic parenchymatous nephritis
131
99 (duration) 129 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 3 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? Consultation
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis and physical exam
(Signed) A. H. Snow M. D.

4/6 1930 (Address) 916 Chambers Bedg

*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 Forest Hill DATE OF BURIAL 4/7 1930

20. UNDERTAKER W. W. Yewcunio Sons ADDRESS K. C. Mo.

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.

WHITE COPY TO BE FILED WITH OBTAINING INK--THIS IS A PERMANENT RECORD

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