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

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.

JUN 29 1931

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

Do not use this space.

20247

1. PLACE OF DEATH
County Scott — Registration District No. 820
Township SYLVANIA — Primary Registration District No. 6069
City ORAN=MO (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Carl Clayton Hern

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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: 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 Mrs Carl Hern

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4th 1903

7. AGE: 27 YEARS — MONTHS: 9 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Holly Springs Ark.

FATHER
13. NAME Geo Hern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Mary ~~Hern~~ McKay.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

17. INFORMANT (ADDRESS) Mrs Carl Hern

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE 5-21 1931

19. UNDERTAKER (ADDRESS) T. S. Heisserer & Co.

20. FILED 6/14 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1931, to 5-19, 1931.
I last saw him alive on 5-19, 1931. 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:

Date of onset

Peritonitis (Ac. gen)
Ruptured Jejunem
118
129

Other contributory causes of importance:

188

Name of operation Laparotomy Date of 5/18/31
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/17, 1931
Where did injury occur? Oran Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Farming
Manner of injury Kicked in Abdomen by Mule
Nature of injury Kick

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Cape Girardeau Mo