

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

Do not use this space. 2

41873

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.

22 1931

1. PLACE OF DEATH

County Folk
Township Gray
City William Henry Kern (No. _____) St. _____ Ward _____

Registration District No. 704
Primary Registration District No. 4932

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (*write the word*)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah A. Kern

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 18 24

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 11 7 18

8. OCCUPATION OF DECEASED

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

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

PARENTS
10. NAME OF FATHER Unknown
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 Wade Hinkle (Address) Moriville

15. FILED Dec 23 1931 Grace Miller Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Dec 22 1931 that I last saw him alive on Dec 16 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
930
953 Acute dilatation of heart
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Folk co
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) H. H. Stanley M. D.
, 19 Dec 22 (Address) Moriville, 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 Moriville DATE OF BURIAL 12-23 1931

20. UNDERTAKER White & Co. Gould ADDRESS Moriville

