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.

MAR 21 1932

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

Do not use this space.

144

1. PLACE OF DEATH
4 County Audrain
3 Township
3 City Martinsburg (No. ..... St. ..... Ward)

Registration District No. 25
Primary Registration District No. 4019

File No. .....
Registered No. 67

2. FULL NAME Francis M. Cernock

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Cernock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9-1861

7. AGE: YEARS 70 | MONTHS 10 | 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. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same
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): Bohemia 7

FATHER
13. NAME: Frank Kollan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER
15. MAIDEN NAME: Karl Kraus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

17. INFORMANT (ADDRESS): Frank Cernock Martinsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo. DATE Jan 29, 1932

19. UNDERTAKER (ADDRESS): K. B. Wells. Wellsville Mo.

20. FILED 2/11, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1932, to Jan 27th, 1932
I last saw her alive on Jan 15th, 1932. Death is said to have occurred on the date stated above, at 1 50 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
131
93C
131

Date of onset

Other contributory causes of importance:
Chronic Myocarditis
8

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ..... (1)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) A. Hirsch, M. D.
(Address) Middletown, Mo.