

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 26 1932

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

Mr Bohling
Do not use this space.
20442
File No. _____
Registered No. 4
St. _____ Ward _____

1. PLACE OF DEATH
80 County Pettis Registration District No. 669
Township Smithton Primary Registration District No. 2892
City Sealata (No. R 7 D H 4)

2. FULL NAME Lord Gabel Kern
(a) Residence, No. R 7 D H 4 St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Junie Gabel Kern</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 4 1850</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>1</u>
		<u>3</u>
		<u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>46 B</u>
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) <u>Mo 1</u>		
13. NAME <u>unk known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>1</u>		
15. MAIDEN NAME <u>11</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>		
17. INFORMANT <u>J. E. Gabel Kern</u> (ADDRESS) <u>Sealata Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton</u> DATE <u>June 22 1932</u>		
19. UNDERTAKER <u>Pillinger Funeral Home</u> (ADDRESS) <u>Sealata Mo</u>		
20. FILED <u>June 24 1932</u> <u>Mrs J E Monser</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1932

2. I HEREBY CERTIFY that I attended deceased from June 14th 1932 to June 21 1932
I last saw him alive on June 14 1932 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:
Cancer of Stomach Date of onset 1/25 1932

Other contributory causes of importance: no (1)

Name of operation none Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? _____

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Lord Bohling, M. D.
(Signed) _____ (Address) Sealata Mo

