

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

Do not use this space.

28343

1. PLACE OF DEATH
113 County Worth Registration District No. 903
Township Stitchell Primary Registration District No. 6212
City Great City (No. _____) St. _____ (Ward) _____

2. FULL NAME Nevada Price Shockley Kern
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) July 1932
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mississippi

FATHER
13. NAME L. L. Shockley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Mississippi

MOTHER
15. MAIDEN NAME Elizabeth M. Burgess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Mississippi

17. INFORMANT (ADDRESS) James Kern, Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE 8/14 1932

19. UNDERTAKER (ADDRESS) Arch C. Dumble, Grand City, Mo.

20. FILED 8-11 1932 John Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to Aug 2, 1932
I last saw him alive on Aug 2, 1932. Death is said to have occurred on the date stated above, at 11A m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8/1-32
59
82A 59
Other contributory causes of importance: Diabetes mellitus 1930

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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 _____ (1)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. K. Phillips, M. D.
(Address) Grand City, Mo.

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.

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

SEP 27 1932

