

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

Do not use this space.

22242

1. PLACE OF DEATH
 4 County Andrew Registration District No. 26
 4 Township Salisbury Primary Registration District No. 3002
 7 City Mexico MO, (No. _____, St. _____, Ward _____)

2. FULL NAME Adelia E. Kern
 (a) Residence, No. Mexico MO 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.

File No. _____
 Registered No. 106

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1858

7. AGE YEARS 92 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House maker

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) Mexico MO

MOTHER / FATHER 13. NAME Benjamin Drake

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Louisa Maria

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Mrs. Ben Omshere (ADDRESS) Beary MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE July 9 1933

19. UNDERTAKER (ADDRESS) M. E. Pickett MO

20. FILED July 7 - 1933 Geo. S. Milligan Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1933

22. I HEREBY CERTIFY that I attended deceased from July 1 1933 to July 6 1933
 I last saw him alive on July 6 1933 Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:

1915
1905
1902

Diarrhea
Edema
Senility

Date of onset June 7 1933

Other contributory causes of importance: 130

Name of operation _____ Date of _____
 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? _____ 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? _____
 If so, specify _____
 (Signed) J. P. Harrison M. D.
 (Address) Mexico, MO

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.

Aug 26 1933

CONFIDENTIAL - SECURITY INFORMATION

1954

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