

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

Do not use this space.

**1. PLACE OF DEATH**

County Pike  
Township Ashley  
City                      (No.                     )

Registration District No. 683  
Primary Registration District No. 3911

File No. 25916  
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)

Length of residence in city or town where death occurred 73 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1 - 1861

7. AGE YEARS 73 MONTHS 4 DAYS 2 IF LESS than 1 day, hrs. or min.

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

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) Ashley Township, Mo.

FATHER 13. NAME W. H. Gordon Kern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashley Township, Mo.

MOTHER 15. MAIDEN NAME Hettie Culwell Kern

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hartford, Mo.

17. INFORMANT Mrs Myrtie Kern (ADDRESS) Ashley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashley Cemetery DATE July 5 1934

19. UNDERTAKER W. B. Thomas (ADDRESS) Berkeley Green Mo

20. FILED July 7 1934 R. M. Hetherlin Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 1930 to 7/3/34 1934

I last saw him alive on 7/2/34 1934. Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset                       
930  
94B  
118C 9341  
Other contributory causes of importance: Myocarditis  
Splenitis

Name of operation                      Date of                       
What test confirmed diagnosis?                      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                     

24. Was disease or injury in any way related to occupation of deceased?                       
If so, specify                     

(Signed) W. B. Thomas M. D.  
(Address) Berkeley Green 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.

AUG 16 1934

