

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.

JAN 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Frank Primary Registration District No. 2118
City Franklin, Mo. (No. 2118 Missouri)

43041

File No. _____
Registered No. _____
St. Franklin Ward _____

2. FULL NAME

(a) Residence, No. 2118 Franklin 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 <u>Male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 18</u>		
7. AGE		
YEARS <u>46</u>	MONTHS <u>9</u>	DAYS <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

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)
Fulton Mo.

13. NAME
Joseph M. Kern Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Fulton Mo.

15. MAIDEN NAME
Rene Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Fulton Mo.

17. INFORMANT (ADDRESS)
Walter M. Kern Webb
2118 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE
Blue Ridge DATE 12-14 1934

19. UNDERTAKER (ADDRESS)
Julius W. Fierling
1212 1/2 Franklin

20. FILED 12-18 1934 M. M. Crowe, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sat, Dec, 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/10/34 to 12/11/34, 1934
I last saw him alive on 12/11/34, 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Date of onset _____
Cardiac Hypertrophy
& Dilatation
Cirrhosis of Liver

Other contributory causes of importance:
12/12

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? No 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) Eugene Perry M. D.
(Address) 1796 E 12th K. City

