

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

Do not use this space.

MAR 26 1935

1. PLACE OF DEATH

County Raymond
Township Raymond
City Fayette (No.)

Registration District No. 378
Primary Registration District No. 4222

File No. 5162
Registered No. 9 Ward

2. FULL NAME

William Kern

(a) Residence, No. 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
approx 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs
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) Raymond Mo

13. NAME Idell Kern

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

15. MAIDEN NAME known

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

17. INFORMANT Robt Daydee (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Care DATE 2-15-35

19. UNDERTAKER E. S. Sumner, Fayette, Mo (ADDRESS)

20. FILED 275 1935 J. J. Barber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-12 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1- 1935 to 2-11 1935

I last saw him alive on 2-11 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Chronic Nephritis
151
Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Proph. finding 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? no If so, specify

(Signed) W. S. Bloom M. D.
(Address) Fayette 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.

