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.

48
10
9

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

MAR 20 1935

Do not use this space.

5413

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 1002 — Registered No. 704

City KANSAS CITY (No. 306-EAST-70TH ST. TERRACE St. Ward)

2. FULL NAME JAMES L BERNARD

(a) Residence, No. 306-EAST-70TH ST. TERR. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. JOSEPHINE BERNARD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-12-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	10	2	

OCCUPATION

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

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 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VENICE CALIFORNIA

FATHER

13. NAME JAMES L. BERNARD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHMOND MISSOURI

MOTHER

15. MAIDEN NAME ALICE SHAW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICHMOND MISSOURI

17. INFORMANT (ADDRESS) MRS. JOSEPHINE BERNARD 306. EAST-70TH ST. TERR.

18. BURIAL, CREMATION, OR REMOVAL PLACE RICHMOND, MO. DATE FEBR-16 1935

19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 2-15 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-14 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1934, to Febr 14, 1935

I last saw him alive on Febr 11, 1935 Death is said to have occurred on the date stated above, at 12:10 P.m.

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

Cerebral Hemorrhage (4th attack) — Date of onset: 3 Hrs ago

Other contributory causes of importance: Arterio Sclerosis of several years standing.

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 — much business [illegible] failure

24. Was disease or injury in any way related to occupation of deceased? 3 Hrs ago

If so, specify when he lost everything

(Signed) E. L. Zeilinger, M. D.

(Address) 826-31 Argyle Bldg K.C. Mo

826 Argyle Bldg.
11-5