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

JUN 24 1935

Do not use this space.

16996

File No. II

Registered No. 15

1. PLACE OF DEATH

County Lawrence — Registration District No. 471

Township Pierce — Primary Registration District No. 4284

City Pierce City (No. ..... St. ..... Ward)

2. FULL NAME Julia Ann Bernard

(a) Residence, No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1852

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	4	10	

OCCUPATION

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. House Wife

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) Jamestown Ky

FATHER

13. NAME George Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russell Co Ky

MOTHER

15. MAIDEN NAME Mandie Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russell Co. Ky

17. INFORMANT Helen Bernard (ADDRESS) St Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE May 27 1935

19. UNDERTAKER Van Russell Co (ADDRESS) Purdie Mo.

20. FILED May 28 1935 E. B. Vaughn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 1915, 19..., to May 23, 1935

I last saw h. alive on 5-22-35, 19..... Death is said to have occurred on the date stated above, at 5:30 P.

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

	Date of onset
Myocarditis with Pst Stroke	Jan 1935
1/2	
Other contributory causes of importance:	
Chronic Arthritis	1915
Arterio-Renal-Sclerosis with Hypertension.	1920

Name of operation None Date of .....

What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? nd 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) H. Ross Clark, M. D.

(Address) Pierce City, 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

100M-11-24-33