APR 15 1936

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

Do not use this space.

9388

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 393
City St. Joseph, Mo. (No. 422 Edmond St. Ward)

2. FULL NAME Tasso Potter Bernethy
(a) Residence, No. 321 Edmond 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 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 Lulu Bernethy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1881

7. AGE — YEARS 54 — MONTHS 11 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DRY GOODS
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) Sedalia, Mo.

FATHER
13. NAME Perry Bernethy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Sedalia Mo.

MOTHER
15. MAIDEN NAME Maggie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Royal Center Ind.

17. INFORMANT (ADDRESS) LULU BERNETHY

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk. DATE March 17, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC.

20. FILED 3-17 1936 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased ~~from~~ on March 12, 1936, to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 12.55A m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

93 C

Date of onset

Other contributory causes of importance:
no facts

Name of operation none Date of
What test confirmed diagnosis? Clin Hist 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) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon

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.