FEB 25 1937

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

Do not use this space.

1345

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 136
City Kansas City (No. Myron Green's St. Ward)

2. FULL NAME Luther S Bernhard
(a) Residence, No. 107 Ward Park 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 Ada C Bernhard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ma[illegible].5,1866

7. AGE YEARS 70 MONTHS 10 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins.Salesman 140
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lincoln National
10. Date deceased last worked at this occupation (month and year) up to time of death
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgantown West Virginia

FATHER
13. NAME Abner Bernhard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME unknown Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Mrs.Ada C.Bernhard 107 Ward Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Platte City Mo DATE Jan 11 1937

19. UNDERTAKER (ADDRESS) D.W.Newcomer's Sons Brushcreek

20. FILED Jan 10, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan.8,1937, 19

22. I HEREBY CERTIFY That I attended deceased from Sydney Crowe, 19
I last saw h[illegible] alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:10am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Atherosclerosis	
Auto Myocardial Infarction	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.