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

FEB 18 1937

Do not use this space.
2327

1. PLACE OF DEATH
(a) County Montgomery Registration District No. 593
Township Danville Primary Registration District No. 4351
City New Florence No. 70 St. Ward)

File No. 49
Registered No. 49

2. FULL NAME Emilie Johanna Bernat
(a) Residence, No. New Florence St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-16-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 235
10. Date deceased last worked at this occupation (month and year) 15 Dec 36
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metter-Zimern Germany

FATHER
13. NAME John Fieulbter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metter-Zimern Germany

MOTHER
15. MAIDEN NAME Frederica Fritz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metter-Zimern Germany

17. INFORMANT (ADDRESS) Ernest Bernat Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Florence DATE Jan 16, 1937

19. UNDERTAKER (ADDRESS) A. E. Hunderlatte Jr. New Florence Mo.

20. FILED 2/10 1937 James O. Helm M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1937, to Jan 13, 1937
I last saw her alive on Jan 13, 1937. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	1-13-37
Influenza	1-6-37

Other contributory causes of importance

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? None

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) James O. Helm M. D.
(Address) New Florence, 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.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County .... Registration District No. .... File No. ....

Township .... Primary Registration District No. .... Registered No. ....

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

2. FULL NAME ....

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

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

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. ....

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) ....

FATHER

13. NAME ....

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

MOTHER

15. MAIDEN NAME ....

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

17. INFORMANT .... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE .... DATE .... 19....

19. UNDERTAKER .... (ADDRESS)

20. FILED .... 19.... .... Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended dece[ased from] .... 19.... to .... 19....

I last saw h.... alive on .... 19....

to have occurred on the date stated above, at ....

The principal cause of death and related causes of ....

....

Other contributory causes of importance:

....

Name of operation ....

What test confirmed diagnosis? .... Was ....

23. If death was due to external causes (violence), fill in also

Accident, suicide, or homicide? .... Date of injury ....

Where did injury occur? ....
(Specify city or town, county, and Stat[e])

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) ...., M. D.

(Address) ....

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.