

FEB 18 1937

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

Do not use this space.
2327

1. PLACE OF DEATH

76 County Montgomery
Township Danville
City New Florence

Registration District No. 593
Primary Registration District No. 4351

File No. 49
Registered No. 49
St. _____ Ward)

2. FULL NAME

Emilie Johanna Bernat

(a) Residence, No. New Florence St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Bernat</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-16-1873</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>8</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home 235</u>		
10. Date deceased last worked at this occupation (month and year) <u>15 days</u>		
11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metter-Zimmerman Germany</u>		
13. NAME <u>John Feuerhater</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metter-Zimmerman Germany</u>		
15. MAIDEN NAME <u>Frederica Fritz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metter-Zimmerman Germany</u>		
17. INFORMANT <u>Erwin Bernat</u> (ADDRESS) <u>Moberly Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Florence</u> DATE <u>Jan 15</u> 19 <u>37</u>		
19. UNDERTAKER <u>A. E. Henderson Jr.</u> (ADDRESS) <u>New Florence Mo.</u>		
20. FILED <u>2/10</u> 19 <u>37</u> <u>James O. Helmer</u> 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 him 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:
Acute myocarditis
Influenza
Other contributory causes of importance 1/13

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. Helmer M. D.
(Address) New Florence, Mo.

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

50 FILED		18		19	
12 UNDERLAYER		(ADDRESS)		13	
13 INFO		14		15	
16 BIRTH CREATION OR REMOVAL		17		18	
19 INFO		20		21	
22 INFO		23		24	
25 INFO		26		27	
28 INFO		29		30	
31 INFO		32		33	
34 INFO		35		36	
37 INFO		38		39	
40 INFO		41		42	
43 INFO		44		45	
46 INFO		47		48	
49 INFO		50		51	
52 INFO		53		54	
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[illegible]

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