

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

Do not use this space.

**JUN 28 1937**

**21073**

**1. PLACE OF DEATH**

County Randolph Registration District No. 735  
 Township Moberly Primary Registration District No. 3034  
 City Moberly (No. 707 Taylor) St. 2 Ward 1

File No. 21073  
 Registered No. 129  
 St. 2 Ward 1

**2. FULL NAME**

(a) Residence, No. 707 Taylor St. 2 Ward 1  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22<sup>nd</sup> 1866</u>		
7. AGE	YEARS	MONTHS
<u>68</u>	<u>70</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
13. NAME <u>John Bernat</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
15. MAIDEN NAME <u>No data</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>E. J. Bernat</u> (ADDRESS) <u>Moberly Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Florence</u> DATE <u>May 8<sup>th</sup> 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Mahan and Son</u> <u>Moberly Mo</u>		
20. FILED <u>May 8, 1937</u> <u>Ethel Clayton</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case, to Case, 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... 2 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Probably cerebral  
Hemorrhage  
 Date of onset ?

Other contributory causes of importance:  
Saulty 8201

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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) D. H. Shrader Coroner, M. D.  
 (Address) Moberly, 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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