

AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH

 County Harrison
 Township
 City Bethany (No. 1)

 Registration District No. 334
 Primary Registration District No. 4197

 File No. 25416
 Registered No. #6
 St. _____ Ward _____

2. FULL NAME

 (a) Residence, Name _____ St. _____ Ward _____
 (Usual place of abode)

James Wm Bernard 1656

(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 W 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) June 30-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ ✓ 12

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) Bethany, Mo13. NAME Julian Bernard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo15. MAIDEN NAME Mary Ellen Everly16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jameson Mo17. INFORMANT Julian Bernard (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

 PLACE Attosburg Mo DATE July 12, 1938
19. UNDERTAKER J. S. Thomer (ADDRESS) Attosburg Mo20. FILED 7-12-1938 A. P. Weidner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 193822. I HEREBY CERTIFY, That I attended deceased from June 30, 1938 to July 11, 1938
 I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pre-mature Date of onset pre-38
Sepsis - due to
systemic condition of mother
infected per from tooth

Other contributory causes of importance:

Pre-mature 159

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) Dr. J. S. Thomer, M. D.(Address) Bethany 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.

