

FEB 24 1938

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

Duplicate See 39787-38
Do not use this space.

3065

1. PLACE OF DEATH
 County Marion Registration District No. 5483
 Township 1 Primary Registration District No. 4323
 City Palmyra (No.) St. Ward

2. FULL NAME Chas. E. Kern
 (a) Residence, No. Palmyra, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Wh.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2, 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
39 11 15

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) Pike Co. Ill.
 13. NAME Noah Kern
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Annilada Bennett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 17. INFORMANT Wesley Kern
 (ADDRESS) Berry Ill
 18. BURIAL, CREMATION, OR REMOVAL PLACE Berry, Ill DATE 11-20-1938
 19. UNDERTAKER James O'Connell
 (ADDRESS) Palmyra, Mo.
 20. FILED Nov 18 1938 Gertrude Lee
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1938
 I HEREBY CERTIFY, That I attended deceased from Nov 13 1938 to Nov 17 1938
 I last saw him alive on Nov 16 1938. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset Nov 16
Acute Alcoholism Nov 3
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Chival 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?
 If so, specify Dr. George Ranner M. D.
 (Address) Palmyra, Mo.

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.

Not his sig.

