

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

Do not use this space.

REC'D MAY 10 1939

13847
1601

1. PLACE OF DEATH

County Jackson County Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City Kansas City (No. Menorah Hospital) St. _____ Ward _____

File No. 1601
 Registered No. _____

2. FULL NAME

William F. Bernard
 (a) Residence, No. 412 1/2 W. 18th St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bernard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3/ 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 1926 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Wyoming
 (STATE OR COUNTRY) Wisconsin

13. NAME James T. Bernard

14. BIRTHPLACE (CITY OR TOWN) Charlottstown
 (STATE OR COUNTRY) Prince Edw. Islands

15. MAIDEN NAME Martha Darrough

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

17. INFORMANT Roy Bernard
 (ADDRESS) 1519 North 23 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope, K.C.K. DATE 4/17/39, 1939

19. UNDERTAKER Geo. H. Long
 (ADDRESS) Kansas City, Kansas

20. FILED Apr 17 1939 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939, to April 15, 1939

I last saw him alive on Apr. 14, 1939. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Hemorrhagic Colitis - acute
120 b
 Date of onset Apr 8, 1939

Other contributory causes of importance:

Rehynia gastritis
Zugnatibella parvicornis anemia
Senility

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) David Montz, M. D.
 (Address) 202 Huron Bldg. K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

