3 1929

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

Do not use this space.

1. PLACE OF DEATH

County: St Charles — Registration District No. 760 — File No. 37966

Township: Dardenne — Primary Registration District No. 6001 — Registered No. 55

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Margaret Bernard

(a) Residence. No. ..... 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8-1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	79	1	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles County
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Baptiste Cornoyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) No History

12. MAIDEN NAME OF MOTHER Catherine Thyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Charles County
(STATE OR COUNTRY) Mo

14. INFORMANT Fred Bernard
(Address) St Charles Mo

15. FILED Nov 24 1928 Dr. J. M. Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1927, to Nov 23, 1928 that I last saw her alive on Nov 20, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
48

46 (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J M Jenkins, M. D
, 19 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Charles Borromeo Cem	Nov 25 1928
20. UNDERTAKER	ADDRESS
H L Allmeyer & Sons Co	St Charles 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.