

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

Do not use this space.

20276

1. PLACE OF DEATH

County Dent
Township W. Springfield
City Saline (No.)

Registration District No. 266
Primary Registration District No. 4164

File No.
Registered No. 33
St. Ward)

2. FULL NAME

Bernard F Bergman

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Lena Bergman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 26-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>66</u>	<u>3</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmen

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Finland Russia

(STATE OR COUNTRY)

10. NAME OF FATHER

Carl Bergman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

12. MAIDEN NAME OF MOTHER

Katherine Erikson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sweden

14.

INFORMANT
(Address)

Mr B Bergman

15.

FILED

6/30 28 A.T. McHenry

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 27 1888

17.

I HEREBY CERTIFY, That I attended deceased from May 27 to June 27 1888 that I last saw him alive on June 25 1888, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Intestinal
Nephritis

181
92A
97

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis
Orbital suppuration

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

No

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Physical

(Signed)

Jas. H. McHenry, M.D.

, 19

(Address) Saline 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

Bry Fork Cemetery July 1 1888

20. UNDERTAKER

ADDRESS

N. D. Hobson Saline 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.

