

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

Do not use this space.

5821

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.

MAR 21 1929
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1. PLACE OF DEATH
 County Christian Registration District No. 181
 Township Beallings Primary Registration District No. 4109
 City Beallings (No.) St. Ward

2. FULL NAME Charles Bernard Bergkause
 (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 male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>		<u>20</u>	

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1929
17. I HEREBY CERTIFY, That I attended deceased from July 10 1929 to July 12 1929
 that I last saw him alive on July 12 1929, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injury received by Train at Washington Ave R.R. Crossing Beallings Mo. while crossing track in automobile.

CONTRIBUTORY (SECONDARY)
2014 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. Brown, M. D.
July 12 1929 (Address) Beallings 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.

9. BIRTHPLACE (CITY OR TOWN) Beallings Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Leo F Bergkause

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Beallings Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ressie Keller

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

14. INFORMANT Leo F Bergkause
 (Address) Beallings, Mo

15. July 12 1929 R. Brown
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Joseph Cemetery **DATE OF BURIAL** July 14 1929

20. UNDERTAKER A. S. Wallace **ADDRESS** Beallings Mo

