

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

Do not use this space.

6499
662

1. PLACE OF DEATH U.S.V. Hosp. #67

County Jackson Registration District No. _____
 Township Kan Primary Registration District No. _____
 City Kansas City, Mo. (No. U. S. Veterans Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME BERG, Charles C-None Spanish Amer. War Vet.
2831 Campbell Corp. Co G 21st Inf.
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) Kansas City, Mo. (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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-9-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 5 28

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

9. BIRTHPLACE (CITY OR TOWN) Oxford,
 (STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records.
 (Address) U. S. V. Hosp

15. FILED 2/9 29 M M Clave
 19____ REGISTRAR ant

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 19 29

17. I HEREBY CERTIFY, That I attended deceased from January 18, 1929, to February 7, 1929 that I last saw h. im alive on February 7, 1929 and that death occurred, on the date stated above, at 10:55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, chr. Parenchymatous.

121
22 1/2
7 1/2 (duration) 1 yr. or more. mo. ds.

CONTRIBUTORY Cardiac hypertrophy with some
 (SECONDARY) Myocardial deterioration
 (duration) 1 yr. or more. mo. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. & Lab. Exam.
2/9/29 W. E. CHAMBERS Medical Officer in Charge
S. E. O. U. S. V. Hospital, Kansas City, 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 Osage City Kan DATE OF BURIAL 2/9 19 29

20. UNDERTAKER The Taylor Funeral Home ADDRESS _____

WRITE PAINLY, 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.

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