

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

Do not use this space.

27977

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 302
 City Banega City (No. 13 Harrison) St. 1 Ward 1
 2. FULL NAME Daniel S. Bermingham
 (a) Residence. No. 713 Harrison St. 1 Ward 1
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1929

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

I HEREBY CERTIFY That I attended deceased from Jan 1, 1929, to Aug 28, 1929, that I last saw him alive on Aug 28, 1929, and that death occurred, on the date stated above, at 8:15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1844

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Laceration

7. AGE. YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 85 - 1 30

CONTRIBUTORY (SECONDARY) Arterio-sclerosis (duration) yrs. mos. ds. 25

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

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. 1

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Clair Ireland

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. 1

10. NAME OF FATHER Matthew Bermingham

DID AN OPERATION PRECEDE DEATH? no DATE OF no

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

WHAT TEST CONFIRMED DIAGNOSIS Micro

12. MAIDEN NAME OF MOTHER Mary Sullivan

(Signed) A. C. Greenlee, M. D. (Address) 402 McKinley Road

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

*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.

14. INFORMANT (Address) Daniel S. Bermingham 713 Harrison

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL St. Stanis 730 1929

15. FILED 829 1929 M. M. Crowe REGISTRAR

20. UNDERTAKER ADDRESS St. Stanis 3756 Broadway

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

15 262

ag. 1/2/22