

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

Do not use this space.

1853

**1. PLACE OF DEATH**

County Macon  
Township Eastley  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 530  
Primary Registration District No. 5708

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Louisa ~~Anderson~~ Bergman

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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**

Female

**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

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

April 12 - 1858

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	9	120	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**10. NAME OF FATHER**

Henry Hunsaker

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Not known

**12. MAIDEN NAME OF MOTHER**

Not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Switzerland

**14. INFORMANT**

G. A. Bergman  
(Address) Elmer, Mo.

**15. FILED**

2-8-30 Helene C. Palmer  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Jan. 24 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from Jan 22, 1930, to Jan 24, 1930, that I last saw him alive on Jan 22, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
824

**CONTRIBUTORY (SECONDARY)**

don't know

**18. WHERE AND DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

apoplexy death

**DID AN OPERATION PRECEDE DEATH?**

**WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) James W. H. Pitt, M. D.  
, 1930 (Address) Goldberry 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**

Bell

**DATE OF BURIAL**

Jan 26 1930

**20. UNDERTAKER**

Clyde McCullum  
ADDRESS Elmer, Mo

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.

