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

Do not use this space.

36238

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4644

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Helen Bergman

(a) Residence. No. 1316 College Avenue St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	34	5	15	

8. OCCUPATION OF DECEASED

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

(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) Missouri

PARENTS

10. NAME OF FATHER Carl E. Bergman

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

12. MAIDEN NAME OF MOTHER Sarah Olson

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

14. INFORMANT Carl Bergman (Address) 1316 College

15. FILED 11/17, 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-1, 1930, to 11-16, 1930, that I last saw her alive on 11-16, 1930 and that death occurred, on the date stated above, at 6:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-Enteritis cause unknown
Secondary anorexia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hysterectomy uterine fibroids

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-4-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

11/17, 1930 (Signed) Walter Halbrook M. D. (Address) 1132 Professional Bldg

*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~~ Elmwood Cemetery — DATE OF BURIAL 11-16-1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.