WRITE PLAINLY, 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.

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

Do not use this space.

899

39758

1. PLACE OF DEATH
County JACKSON — Registration District No. 1002 — File No.
Township KAW — Primary Registration District No. — Registered No. 4761
City KANSAS CITY (No. 5349 SWOPE PARKWAY St. Ward)

2. FULL NAME MORRIS H BERGER
(a) Residence, No. 5349 SWOPE PARKWAY 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 (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. KATHERINE BERGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-1-1853

7. AGE: YEARS 79 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LETTER CARRIER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1915
11. Total time (years) spent in this occupation 37 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

FATHER
13. NAME UNKNOWN BERGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. KATHERINE BERGER
(ADDRESS) 5349 SWOPE PARKWAY

18. BURIAL, CREMATION, OR REMOVAL
PLACE ELMWOOD DATE DECEMBER-16 1932

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 12-15 1932 M. M. Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1932, to Dec 12, 1932
I last saw him alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 12:01 A.m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Date of onset

Other contributory causes of importance:
Gall Bladder Disease
Chronic Cholecystitis

Name of operation none Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Eugene P Hamilton, M. D.
(Address) 602 Argyle

Eugene P. Hamm
602 Argyle Bldg.
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