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.
6032

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1008
City Kansas City (No. 5531 Central St. St. Ward)
File No. 992
Registered No.

2. FULL NAME Richard Eugene Bergendoff
(a) Residence, No. 5531 Central St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/1/26
7. AGE: YEARS 6 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

FATHER
13. NAME Reuben N. Bergendoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

MOTHER
15. MAIDEN NAME Dorothy Lindgren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT (ADDRESS) Perry Lindgren 5531 Central St. K. C. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 3-3-33 19
19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo
20. FILED 4/28 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 '33

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to Feb 27, 1933.
I last saw him alive on Feb 27, 1933 Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

Encephalitis, chronic — Date of onset
106A
115A
78B
106A

Other contributory causes of importance:
Naso-pharyngitis, acute
Bronchitis, acute

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam Was there an autopsy?

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) John Arnold M. D.
(Address) 1124 Professional Bldg

Dr. John Quill
2 to 4 –
Professional Bldg.
11x4