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

Do not use this space.

9886

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1008

City Kansas City (No. 18 East 57th Street St. Ward)

File No. 1400

Registered No.

2. FULL NAME John L. Berg

(a) Residence, No. 18 East 57th 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 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. Clara Berg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1882

7. AGE — Years: 50 — Months: 8 ~~8~~ — Days: ~~8~~ 29 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State of Kansas

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) Salina Kansas

FATHER

13. NAME Alexander Berg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Mamie Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mr. Flory A. Berg, 18 East 57th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Saline, Kans. DATE April 19 33

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City, Kansas

20. FILED Apr 31 1933 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 19 33

22. I HEREBY CERTIFY, That I attended deceased from 3-30- 1933, to 3-31- 1933

I last saw him alive on 3-31- 1933. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Pneumo. Lobar — Date of onset

Bilateral Lur lobes

100 108

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Arnold Gaul M. D.

(Address) 924 Prof. Bldg. K.C. Mo.

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.

Dr. [illegible] Block
Professional Bldg
Vi 8481

12:30 - 5:30