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.

JAN 26 1934

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

Do not use this space.

40088

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4893
Township Kan. — Primary Registration District No. 1002 — Registered No. 4893
City Kan City (No. St Marys Hosp St. Ward)

2. FULL NAME Kathryne Irene Bergeman
(a) Residence, No. 115 Benton Blvd. 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 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 Arthur Bergeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch-9-1912

7. AGE YEARS 21 MONTHS 9 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.
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) Indiana

FATHER
13. NAME Chas M. Knick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Miller Hosteder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Arthur Bergeman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Indianapolis Ind. DATE 12/15/33 19

19. UNDERTAKER (ADDRESS) H C Bergman

20. FILED 12-14 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, to Dec 13, 1933
I last saw her alive on Dec 13, 1933. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute vegetative Endocarditis (on pulmonary artery)	Nov 1933

Other contributory causes of importance:
Congenital heart (patent Interventricular duct)

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood Cultures Was there an autopsy? Yes

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) Herbert F. Vanorden, M. D.
(Address) 713 Medical Arts Bldg

Mo Pac to at Loomis, Mo.

Friday AM -