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.

AUG 21 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City (No. St. Mary's Hospital St. Ward)
Registration District No. 3 5 5
Primary Registration District No. 5 0 0 2
File No. 24350
Registered No. 3 9 1 6

2. FULL NAME Emil J. Bearg
(a) Residence, No. St., Ward. Sabetha, Kansas
(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: Lizzie Bearg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 11, 1868
7. AGE: YEARS 65 | MONTHS 7 | DAYS ~~28~~ 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
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): Sweden

FATHER
13. NAME: No information
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

17. INFORMANT (ADDRESS): Mrs. Lizzie Bearg, Sabetha, Kansas
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sabetha, Kan. DATE July 3, 1934
19. UNDERTAKER (ADDRESS): Sline & McClure, 3235 Gillham Plaza
20. FILED July 2, 1934 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/23/34, 19 to 7/2/34, 19
I last saw him alive on 7/2/34, 19 Death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic Hypertrophy	1933
Chronic interstitial nephritis	
137 131	
131	
Hemorrhage from bladder	7/2/34
1358	

Name of operation Prostatectomy Date 6/25/34
What test confirmed diagnosis Autopsy 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?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]