

NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Washington Registration District No. 887
Township 12 S. 4 E. Primary Registration District No. 6179
City Potosi (No. _____) St. _____ Ward _____

File No. 41760
Registered No. _____

2. FULL NAME

Clarence Edward Bergman

(a) Residence, No. _____ 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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED* (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/4-1916</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>17</u> | <u>11</u> |
| | | DAYS |
| | | <u>-</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u> | |
| | 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) <u>Potosi Mo</u> | | |
| FATHER | 13. NAME <u>John Bergman</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Elyzabeth Seyforth</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Potosi Mo</u> | |
| 17. INFORMANT (ADDRESS) <u>J.B. Boyer Potosi Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell Mo</u> DATE <u>11/6 34</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>J.B. Boyer Potosi Mo</u> | | |
| 20. FILED <u>Nov 8 1934 G.F. Cresswell Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1934 to Nov 4 1934

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:45 p.m.

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

Gunshot wound thru brain affects

Date of onset _____

Other contributory causes of importance: 1834 184

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 4 1934

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) D.W. Suttler coroner M.D.
(Address) Richwoods 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.

RECORD

THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF TEXAS
DALLAS, TEXAS

TO THE HONORABLE
COMMISSIONERS OF THE
LAND OFFICE
DALLAS, TEXAS

RE: [Illegible]

[Illegible text follows, including what appears to be a reference to a survey or map.]

Approved: _____
Attorney General