

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

Do not use this space.

43002

JAN 18 1935

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township 2 Kaw Primary Registration District No. 1002  
 City Kansas City (No. RC General Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 5005

**2. FULL NAME**

Isabelle Bergman  
 (a) Residence, No. 1405 S. Dodson 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>	<u>2</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
 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) Kansas City (STATE OR COUNTRY) Mo.

13. NAME John Bergman

14. BIRTHPLACE (CITY OR TOWN) Oklahoma (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Anna Bell Clark

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Be unal Clark (ADDRESS) RC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Dec 17 1934

19. UNDERTAKER W. B. ... (ADDRESS) \_\_\_\_\_

20. FILED 12/16/34 Registrar ...

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-11 1934 to 12-14 1934  
 I last saw him alive on 12-14 1934 Death is said to have occurred on the date stated above, at 8:50 PM  
 The principal cause of death and related causes of importance were as follows:

diphtheria  
10  
10  
10  
 Other contributory causes of importance:  
Myocarditis acute  
nephritis acute

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? \_\_\_\_\_ 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) J. Bergman, M. D.  
 (Address) RC Gen Hosp

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.

