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.

JUN 18 1935

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

Do not use this space.

15546

1. PLACE OF DEATH
County Barton — Registration District No. 46 — File No.
Township Nashville — Primary Registration District No. 5069 — Registered No. 61
City (No. , St. Ward)

2. FULL NAME Bergie Holver Bergeson
(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: 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: Mary Bergeson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-7-1864
7. AGE: YEARS 71 — MONTHS 1 — DAYS 21 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): 5-28-35
11. Total time (years) spent in this occupation: 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

FATHER
13. NAME: Holver Bergeson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

MOTHER
15. MAIDEN NAME: Carrie Paulson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Norway

17. INFORMANT (ADDRESS): Mrs. Mary Bergeson, Liberal, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron, Mo DATE 5-30 1935
19. UNDERTAKER (ADDRESS): Kouantz Funeral Home, Liberal, Mo.
20. FILED 5-29 1935 Gladys Overman Smith, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1935
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:
Struck by Lightning — Date of onset
Other contributory causes of importance
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) C. F. Kouantz Coroner M. D.
(Address) Lamar, Mo.