

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 20 1935

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

Do not use this space.

23207

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 1011 West 45)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2950
St. _____ Ward _____

2. FULL NAME Katie Bergner

(a) Residence, No. 1011 West 45th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert H. Bergner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 12, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Gorman

MOTHER FATHER 13. NAME Jacob Botz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Robert A. Bergner
(ADDRESS) 1011 West 45th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem DATE July 25, 1935

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED July 24, 1935 M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 35 .19

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935, to July 23, 1935.
I last saw her alive on July 23, 1935. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Chronic myocarditis Date of onset Feb 23 1935

Other contributory causes of importance:

Chronic nephritis

non toxic for the

Name of operation None Date of _____
What test confirmed diagnosis laboratory Was there an autopsy? No

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) J. Henry Pack M. D.
Paulo P. Kelly - Ke no (Address)

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