

DEC 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36596

File No. 113

Registered No. 46

1. PLACE OF DEATH

County LincolnRegistration District No. 1137Township PrairiePrimary Registration District No. 5651City New Johnston Mo (No.)

St. Ward)

2. FULL NAME

August William Bergesch(a) Residence, No. New Johnston Mo St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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

May Bergesch

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

Nov. 9, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7612

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)

11. Total time (years) spent in this occupation

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

Missouri

FATHER

13. NAME

Herman Bergesch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Prussia

MOTHER

15. MAIDEN NAME

Marsch

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

Prussia

17. INFORMANT (ADDRESS)

Richard Bergesch
New Johnston Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anderson Hill DATE Nov 28 1935

19. UNDERTAKER (ADDRESS)

W. Wayne Mc Coy
Spring Missouri

20. FILED

Nov 28 1935 Dr. T. L. Drumm Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 21 1935

22. I HEREBY CERTIFY, That I attended deceased from

11 - 15 1935, to 11 - 21 1935I last saw him alive on 11 - 18 1935. Death is saidto have occurred on the date stated above, at 1:30 a.m.

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

Date of onset

myocarditis (believe)nephritis (chronic)

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) H. S. Thomas M. D.(Address) Troy 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

