

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

Do not use this space.

1263

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1210 Montgall) St. _____ Ward _____

File No. _____
 Registered No. 116

2. FULL NAME Mrs. Catherine A. Bergin

(a) Residence, No. 1210 Montgall 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles A. Bergin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 11 5 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Indep. (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Michael Coffey

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

MOTHER
 15. MAIDEN NAME Catherine Gilchrist

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

17. INFORMANT Chas. A. Bergin (ADDRESS) 1210 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 1/10/36, 1936

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED Jan 9, 1936 M. M. Grome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/36, 1936

22. I HEREBY CERTIFY that I attended deceased from Sept. 28, 1936, to Jan. 7th, 1936. I last saw her alive on Jan 9th, 1936. Death is said to have occurred on the date stated above, at 6:50 P.m.

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

Auricular Fibrillation & Hypertension.

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1936

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) James D. Smith M. D.
 (Address) 607 Annapolis Bldg., Mo.

N. B.—Every item of information should be carefully checked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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