

MAR 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln
Township Monroe
City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 492
Primary Registration District No. 5-602

11426
File No. 86288
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 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 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 Bergesch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1862
7. AGE YEARS 73 MONTHS 9 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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) Warren County Mo.

13. NAME Herman Bergesch

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

15. MAIDEN NAME March

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

17. INFORMANT Herman Bergesch (ADDRESS) old Monroe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Cemetery March 8, 1936

19. UNDERTAKER Wayne Mc Coy (ADDRESS) Troy Mo.

20. FILED 3/9 1936 pg Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936, to 3-6, 1936
I last saw him alive on 3-5, 1936 Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia (lobar) Date of onset _____

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Other contributory causes of importance: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. 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? _____

If so, specify _____ (Signed) P. H. Hunsicker, M. D.

(Address) old Monroe Mo.

