

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.

SEP 21 1936

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

Do not use this space.

30181

1. PLACE OF DEATH  
 County Cape Girardeau Registration District No. 150  
 Township \_\_\_\_\_ Primary Registration District No. 3009  
 City Cape Girardeau (No. St. Louis Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ms. Florence  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 307  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Henry L. Bergman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1894

7. AGE YEARS	MONTHS	Days	IF LESS than 1 day, hrs. or min.
<u>42</u>	<u>2</u>	<u>18</u>	<u>0</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) New Melle (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME August Weirisch  
 14. BIRTHPLACE (CITY OR TOWN) New Melle (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Minnie Schmied  
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Ms. Helen Bergman (ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE Aug 29 1936

19. UNDERTAKER Hessner (ADDRESS) Cape Girardeau

20. FILED 8-29-36 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1936 to Aug 29 1936  
 I last saw him alive on Aug 21 1936 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid Fever Date of onset Aug 14

Other contributory causes of importance:  
Broullo pneumonia Aug 26

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) [Signature] M. D.  
 (Address) Cape Girardeau

FEB 28 1950