

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

Do not use this space.

43647

JAN 28 1936

1. PLACE OF DEATH Adair
 County Adair Registration District No. 4 File No. _____
 Township Kirkville Mo. Primary Registration District No. 3001 Registered No. 2921
 City Kirkville Mo. (No. Shen-Smith Ho. P.O.) Ward _____

2. FULL NAME Albert Bergman
 (a) Residence, No. Queen City 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 yrs. mos. 3/ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 24 Dec 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Bergman

22. I HEREBY CERTIFY, That I attended deceased from 23 NOV 1936 to 24 Dec 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1868

I last saw him alive on 24 Dec 1936 Death is said to have occurred on the date stated above, at 10 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 6 23

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Embolic gangrene Date of onset 11/23/36

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

Other contributory causes of importance:
Chronic endocarditis
General arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City Mo.

13. NAME August Bergman

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

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

15. MAIDEN NAME Caroline Gettler

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

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.

17. INFORMANT Mrs Annie Bergman
 (ADDRESS) Queen City Mo.

18. BURIAL, CREMATION, OR REMOVAL Germania Cem
 PLACE Germania Cem DATE Dec 26 1936

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER D. E. Riley
 (ADDRESS) Kirkville Mo 700

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) E. J. Smith, M. D.

20. FILED Dec 28 1936 Spencer McLean
 Registrar

(Address) Kirkville Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

