MAR 13 1937

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

Do not use this space.

6626

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1[illegible]
City K. C. Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME William LeRoy Berg (Crittenton Home)
(a) Residence, No. 3003 Woodland St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City, Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lydia Berg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

17. INFORMANT (ADDRESS) Lydia Berg 3003 Woodland, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 2-27 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood, K. C. Mo.

20. FILED 2/26 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Hepatic Cancer 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:30 m. P.M.
The principal cause of death and related causes of importance were as follows:

Bronchogenic Primary

Date of onset

Other contributory causes of importance:

Name of operation Autopsy 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) ..., M. D.
(Address)

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