

1937 AUG 27

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

Do not use this space.

28035

1. PLACE OF DEATH
County Perry Registration District No. 660
Township _____ Primary Registration District No. 4396
City Perryville MO. (No. _____) St. _____ (Ward) _____

2. FULL NAME Eleonore Marie Fridirke Bergmann
(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) Gottlieb Bergmann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1864		
7. AGE 35	YEARS 72	MONTHS 8
	DAYS 29	IF LESS than 1 day,hrs. ormin.
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.		House Wife
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) Perry Co., Mo.		
13. NAME George Bergmann		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Barbara Adler		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Gottlieb Bergmann (ADDRESS) Perryville MO.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery Aug. 10 37		
19. UNDERTAKER Young & Sons (ADDRESS) Perryville MO.		
20. FILED Aug 9 1937 Joe J. Zeltner Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 8 1937**

22. I HEREBY CERTIFY, That I attended, deceased from **Aug 5 1937** to **Aug 8 1937**

I last saw h. or alive on **Aug 7 1937** Death is said to have occurred on the date stated above, at **6:55 A.M.**

The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy Date of onset **2 day**

Other contributory causes of importance:
Hypertension
Diastolic Arteriosclerosis **2 yrs.**

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 **1**

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify **Oscar A. Carran** M. D.
(Signed) **Perryville, Mo**
(Address)

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.

79
2

OCCUPATION
FATHER
MOTHER

