

DEC 20 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 1316 College) St. _____ Ward _____

File No. _____
Registered No. 4479

2. FULL NAME

Sarah Bergman

(a) Residence, No. 1316 College 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 OF (OR) WIFE OF Carl E. Bergman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 6 11

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

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) Sweden

13. NAME Olaf Olson

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

15. MAIDEN NAME Ingrid Natson

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

17. INFORMANT Carl E. Bergman (Husband)
(ADDRESS) 1316 College, Kansas City, Mo.

18. BURIAL PLACE Kansas City, Mo. DATE Nov. 9, 1937
Elmwood Cemetery

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED Nov 8 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937 to Nov 6 1937

I last saw him/her alive on Nov 6 1937. Death is said to have occurred on the date stated above, at _____ P. a. _____ m. 6:10

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

abdominal cancer - metastasis
Primary - Gall bladder
46

Other contributory causes of importance:
Gall stones

Name of operation Gall stones Date of operation July 13/37
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes

If so, specify Waller Halbrook, M. D.
(Signed) _____

(Address) 1132 Prof. Bldg,

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.

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