

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K.C.MO.

Registration District No. 399  
Primary Registration District No. 1002  
(No. 1018 Virginia)

File No. 1670  
Registered No. 358  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs Anna Berget 623

(a) Residence, No. 1018 Virginia St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 65 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex

FATHER 13. NAME Unknown

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

15. MAIDEN NAME Eliza Young

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

17. INFORMANT Mrs Katie Austin  
(ADDRESS) 3507 Tracy Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Deakland DATE 1-26-38

19. UNDERTAKER H. B. Moore  
(ADDRESS) 1820 E. 18th St

20. FILED Jan 24, 1938 M. M. Browne  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1938, to Jan 21 1938  
I last saw him alive on Jan 21, 1938. Death is said to have occurred on the date stated above, at 9:15 p. m.

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

Chronic myocarditis 1  
Hypertension 2  
Chronic decomposition 1  
Patent

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_

(Signed) R. E. Williams, M. D.  
(Address) 1213 Carey

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.

RECEIVED

FEB 10 1938

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