

FILED MAY 13 1940

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

Do not use this space.

15238

1. PLACE OF DEATH

County Linn  
Township Clear  
City Marion (No. 1)

Registration District No. 491  
Primary Registration District No. 5656

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

2. FULL NAME

(a) Residence, No. Lena Bergheld St. Marion 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1862  
7. AGE YEARS 77 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Agusta (STATE OR COUNTRY) Missouri

13. NAME Mortz Bergheld

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

15. MAIDEN NAME Wilmina Bergheld

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

17. INFORMANT Fred Bergheld (ADDRESS) Marion, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Hill DATE March 31 1940

19. UNDERTAKER Wayne McCoy (ADDRESS) Marion, Mo.

20. FILED Mar 30 1940 Registrar Marion, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1940 to Mar 29 1940

I first saw him alive on Mar 29 1940. Death is said

to have occurred on the date stated above, at Mar 29 1940.

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

result of heart  
attack as found  
by coroner's jury.

Other contributory causes of importance: 95

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury Mar 29 1940

Where did injury occur? Marion, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. H. Henshaw, M. D.

(Address) Old Marion, Mo.

