

APR 18 1936

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

Do not use this space.

1047-1

1. PLACE OF DEATH

County

Neuroy

Registration District No.

347

File No.

Township

White Oak

Primary Registration District No.

5495

Registered No.

City

Urich

(No.

St.

Ward)

2. FULL NAME

Marilyn Elizabeth Bergschneider

(a) Residence, No.

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. 2 1/2 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)

Single

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

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

Jan 25 - 1936

7. AGE

YEARS

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.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

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)

Urich Mo.

FATHER

13. NAME

John A. Bergschneider

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

Urich Mo.

MOTHER

15. MAIDEN NAME

Ida E. Cook

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

Mo.

17. INFORMANT (ADDRESS)

John A. Bergschneider

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Columbus Mo.

DATE

Jan.

19.

19. UNDERTAKER (ADDRESS)

20. FILED

3-26-36

J. R. Hammett Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 27 - 1936

22. I HEREBY CERTIFY That I attended deceased from

Jan 25, 1936, to Jan 27, 1936

I last saw him alive on Jan 27, 1936. Death is said

to have occurred on the date stated above, at 11:45 P.M.

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

Cerebral Hemorrhage Jan 27 1936

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Physical 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)

J. F. McDonald

M. D.

(Address)

Urich Mo.

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.

