

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

Do not use this space.

736

**1. PLACE OF DEATH**

County DEKALE  
Township POLK  
City..... (No.....)

Registration District No. 5364  
Primary Registration District No. 262

File No.....  
Registered No.....  
St..... Ward.....

**2. FULL NAME** ORVIS JOSEPH BERGO

(a) Residence. No..... St..... Ward MINNEAPOLIS, MINN.  
(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 MALE 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. MECHANIC  
(b) General nature of industry, business, or establishment in which employed (or employer). GARAGE  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) UNKNOWN.  
(STATE OR COUNTRY) MINN.

**PARENTS**  
10. NAME OF FATHER ANDREW BERGO  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY) IOWA  
12. MAIDEN NAME OF MOTHER EMMA WESTNEG  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) HUSTON  
(STATE OR COUNTRY) IOWA.

14. INFORMANT MRS. RHODA ANDERSON  
Address 644 CHICAGO AVE. MINNEAPOLIS MINN.

15. FILED 1/21 1931 E M Reynolds REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) JAN. 21. 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1931 to Jan 21 1931, that I last saw him not at all, and that death occurred, on the date stated above, at 3 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Accidental Death  
Automobile  
Broken Neck.

(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF..... (1)

WAS THERE AN AUTOPSY?  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E M Reynolds, M. D.  
Jan 21, 1931 (Address) Union Star Mo

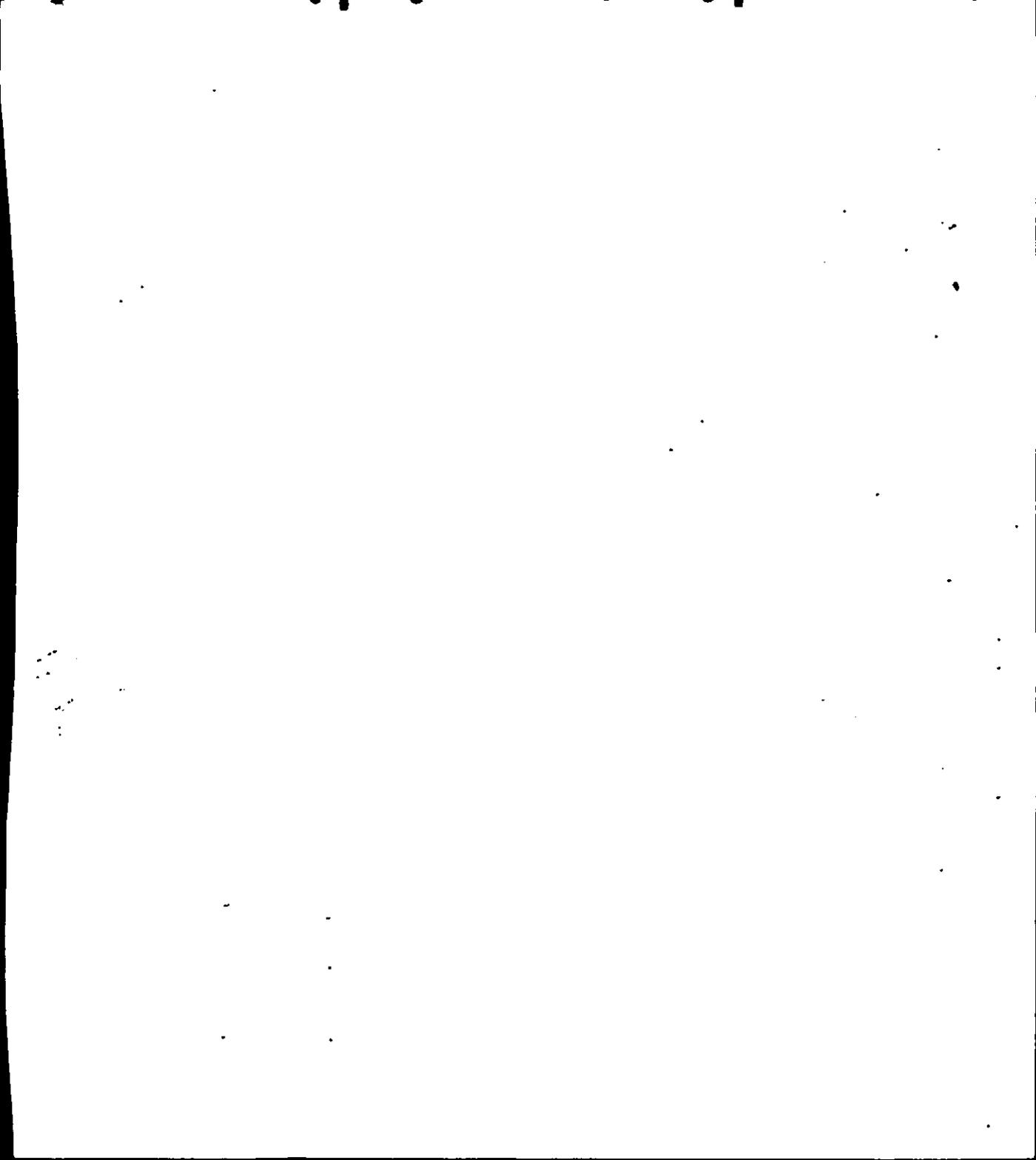
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL MINNEAPOLIS, MINN. DATE OF BURIAL Accid Know

20. UNDERTAKER H.D. WILSON. ADDRESS KING CITY, 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 very important.

REB 18 1931



Dear Thomas Stor

DeKalb. Co.

Riding in Car.

S(2)-736

1/21/31

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County DeKalb Registration District No. 262 File No. ....  
 Township Ouba Primary Registration District No. 5364 Registered No. ....  
 City..... (No. ....) St. .... Ward)

2. FULL NAME Ouis Joseph Bergo  
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (with the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22 this date

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 21 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
accidental death  
Automobile  
broken neck  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) ..... 200  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTACTED  
 IF NOT AT PLACE OF BIRTH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed)....., M. D.  
 , 19 (Address)

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 1/21 30 E. J. Reynolds REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
 , 19

20. UNDERTAKER ADDRESS

**SUPPLEMENTARY**

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it can be understood. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE. REGISTRARS SHOULD BE COMPLETE AS PRESCRIBED BY LAW

S(2)-736