

NOV 20 1934

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

Do not use this space.

36911

1. PLACE OF DEATH

County Perry Registration District No. 660  
Township Central Primary Registration District No. 5878  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 65

2. FULL NAME

Fritz J. Bergman  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Bergman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1861  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
73 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) Perry Co Mo

FATHER 13. NAME John Bergman

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

MOTHER 15. MAIDEN NAME Salome Mag Hecker

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

17. INFORMANT Lucis Bergman (ADDRESS) Perryville Mo RFD 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedburg, Mo DATE Oct 28 1934

19. UNDERTAKER (ADDRESS) James J. Edwards  
Perryville Mo

20. FILED Oct 27 1934 Ed L. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1934  
22. I HEREBY CERTIFY, THAT I attended deceased from Oct 1st 1934 to Oct 26th 1934  
I last saw him alive on Oct 25th 1934. Death is said to have occurred on the date stated above, at 1:30 AM.  
The principal cause of death and related causes of importance were as follows:

Chronic nephritis  
121  
Other contributory causes of importance: 171  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) M. H. Banks, M. D.  
(Address) Perryville Mo.

WRITE PLAINLY, WITH UNFADING INK... THIS IS A PERMANENT RECORD

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.

