DEC 12 1934

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

Do not use this space.

File No. 38553
Registered No. 1228

1. PLACE OF DEATH
County: Buchanan,
Registration District No.: 85
Township:
Primary Registration District No.: 1001
City: St. Joseph, (No. 1831 South 20th. St. Ward)

2. FULL NAME Caroline W. Berghoff
(a) Residence, No. 1831 South 20th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 4 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	47	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Insurance
10. Date deceased last worked at this occupation (month and year) Nov. 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri

FATHER
13. NAME John T. Berghoff,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany.

MOTHER
15. MAIDEN NAME Marie Adams,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT Mrs J. J. Berghoff
(ADDRESS) 1831 So. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Nov. 10th 1934

19. UNDERTAKER Heaton-Bethale & Bowman
(ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 11-9-1934 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-5- 1934 to 11-8- 1934
I last saw h. alive on 11-8- 1934 Death is said to have occurred on the date stated above, at 7:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/8/34
8 hrs	
1 day	
8 D. 9	

Other contributory causes of importance:
Malignant Hypertension 2 years

Name of operation No Date of
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. C. Bauman, M. D.
(Address) Patterson Bldg St Joseph 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.