

FEB 25 1937

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

Do not use this space.

1417

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Lean Primary Registration District No. 1002
City Kansas City (No. 302 Broadway) St. _____ Ward _____

2. FULL NAME

Mary Jane Bergama
(a) Residence, No. 302 Broadway 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-185

7. AGE YEARS 85 MONTHS _____ DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spianer, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Polk County Mo

13. NAME Pollard

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George F. Bergama 302 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 1-14-1937

19. UNDERTAKER (ADDRESS) A. Sabettlund Co 700 E. 12th

20. FILED Jan 14 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12, 1937 to 1-13, 1937

Last saw he alive on 1-13, 1937 Death is said to have occurred on the date stated above, at Unknown

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

Semility and Influenza Date of onset _____

Other contributory causes of importance: 116

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? _____ 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) Geo. F. Bergama M. D. (Address) 302 Broadway

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.

WHILE WAITING FOR THE RESULTS OF THIS IS A PERMANENT RECORD

