

175

STATE OF MICHIGAN  
Michigan Department of Public Health

DEATH REGISTRATION NUMBER 50207

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR) DATE OF DEATH (MONTH, DAY, YEAR)

1 August S. Bergamo, male August 19, 1974

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY) AGE - LAST BIRTHDAY (YEAR) MONTH DAYS YEAR HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4 white 57 10 14 1917 10 Wayne

CITY, VILLAGE, OR TOWNSHIP OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

5 Grosse Pte. City 11 yes 12 Bon Secour Hospital

STATE OF BIRTH (IF BORN IN U.S.A., GIVE STATE; IF BORN IN FOREIGN COUNTRY) CITIZENSHIP OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)

6 Michigan 13 USA 14 married 15 Frances Dunn

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

17 362 18 4987 18 Manufacturers Rep 19 Condamatic Company

RESIDENCE - STATE COUNTY CITY, VILLAGE OR TOWNSHIP INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

16a Mich. 16b Wayne 16c Grosse Pte. Wds. 16d yes 16e 19880 Ida Lane

FATHER - NAME FIRST MIDDLE LAST MOTHER - MARRIAGE NAME FIRST MIDDLE LAST

18 Joseph Bergamo 19 Jennie Diasaro

THOROUGHNESS - NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

20 Mrs. Frances Bergamo 21 19880 Ida Lane-Grosse Pte. Wds. Mich.

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

22

(a) CARCINOMATOSIS 1 MO

(b) CARCINOMA OF PANCREAS 2 MO

(c)

CONDITIONS, IF ANY, WHICH WERE CAUSE OF INTERMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)

DIABETES MELLITUS 23a YES 23b YES

ACCIDENT, SUICIDE, HOMICIDE (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, OR PART II, ITEM 2)

24

25a

25b

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CERTIFICATION - PHYSICIAN: I CERTIFIED THE DEATH ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INFORMATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED

26a MONTH DAY YEAR MONTH DAY YEAR AND LAST DAY (MAY BE FOLLOWS ON) MONTH DAY YEAR 26b MONTH DAY YEAR 26c MONTH DAY YEAR 26d MONTH DAY YEAR 26e MONTH DAY YEAR

27a 7 1 74 TO 27b 8 19 74 27c 8 18 74 27d 9 15 A M.

28a MONTH DAY YEAR MONTH DAY YEAR 28b MONTH DAY YEAR 28c MONTH DAY YEAR 28d MONTH DAY YEAR

CERTIFICATE - NAME (TYPE OR PRINT) SIGNATURE (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

29a JAMES J. A. M.D. 29b James J. A. M.D. 29c 8-20-74

MAILING ADDRESS - CERTIFIED (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

30a 2811 MACK ST. CLAIR STOKES MICHIGAN 48060

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY, VILLAGE, TWP. OR COUNTY STATE

31a Burial 31b Forest Lawn 31c Detroit, Michigan

DATE (MONTH, DAY, YEAR) FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

32a August 22, 1974 32b A.H. Peters Funeral Home-20705 Mack Ave-Grosse Pte. Wds. Mich. 48236

FUNERAL DIRECTOR (TYPE OR PRINT) REGISTRAR - SIGNATURE (TYPE OR PRINT) RECEIVED BY LOCAL REGISTRAR

33a J.W. Moore 33b J.W. Kumbach 33c AUG 20 1974