

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Martin Bergen Sex, M Color, W
Date of Death, Jan 19th 1900 Age, 28 Years, Months, Days.
Maiden Name,
Husband's Name,
Single, Married, Widowed or Divorced, Married Occupation, Ball Player
\*Residence, North Brookfield
Place of Birth, North Brookfield
\*Place of Death, North Brookfield
Name of Father, Michael Bergen
Birthplace of Father, Ireland
Maiden name of Mother, Ann Delaney
Birthplace of Mother, Ireland
Place of Interment, St. Josephs Cemetery
Dated at North Brookfield Signature and place of business of Undertaker.
on Jan 19- 1900

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Place and Date of Death, Disease or Cause of Death, Duration of sickness,
I certify that the above is true to the best of my knowledge and belief.
Signature and Residence of Certifying Physician, M. D.
Date of Certificate, 189

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, Martin Bergen
Date and Place of Death, North Brookfield Mass Jan 19th 1900
Disease or Cause of Death, Suicide - Duration of,
I certify that the above is a true Return, to the best of my recollection and belief.
E. W. Norman M.D. Medical Examiner
Dated at North Brookfield Jan 19th 1900.

[Be very particular to fill all Blanks.]

\* Reckoned to the time of death.

JUNE 28, 2011

TOWN OF NORTH BROOKFIELD

A TRUE COPY, ATTEST

Priscilla A. Johnson

SEAL

PRISCILLA A. JOHNSON, ASSISTANT TOWN CLERK

The Commonwealth of Massachusetts

UNITED STATES OF AMERICA.

COPY OF RECORD OF DEATH

TOWN of NORTH BROOKFIELD

I, the undersigned, hereby certify that I am clerk of the TOWN of BROOKFIELD that as such I have custody of the records of deaths required by law to be kept in my office; that among such records is one relating to the death of MARTIN BERGEN

and that the following is a true copy of so much of said record as relates to said death, namely;

Date of death, JANUARY 19, 1900
Place of death, NORTH BROOKFIELD

Name, MARTIN BERGEN
Sex, MALE Color,
Single, Married, Widowed or Divorced, MARRIED
Husband or Wife of, HARRIET GAINES BERGEN
Age, 28 Years, Months, Days
Residence, NORTH BROOKFIELD
Occupation, BALL PLAYER
U.S. War Veteran,
Place of Birth, NORTH BROOKFIELD

FATHER

MOTHER

Name, MICHAEL BERGEN

Full Maiden Name, ANN DELANEY

Place of Birth, IRELAND

Place of Birth, IRELAND

Cause of Death, SUICIDE BY SHOOTING

Type of Disposition, BURIAL

Place and Location, NORTH BROOKFIELD

Date of Record, JANUARY 1, 1901

And I do hereby certify that the foregoing is a true copy from said records.

Witness my hand and seal of said TOWN of NORTH BROOKFIELD

on this 28TH day of JUNE 2011

SEAL

Priscilla A. Johnson asst. Clerk

Year, 1900

Vol., 2

Page, 4

No., 7