

PLACE OF DEATH

WORCESTER
(County)
WORCESTER
(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

WORCESTER
(City or town making return)
Registered No. 2903

No. Worc City Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A Bergen (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 554 Main St. (If nonresident, give city or town and State)

Length of stay: In hospital or institution. (Before death) (Specify whether) years months 13 days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE (write the word) MARRIED; MARRIED

6a If married, widowed, or divorced HUSBAND of Alice Moran (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive. years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years Months Days If less than 1 day Hours Minutes

9 Usual Occupation: Ball Player V 7490

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) North Wootfield (State or country) 30

13 NAME OF FATHER Michael Bergen 14 BIRTHPLACE OF FATHER (City) Ireland (State or country) 302

15 MAIDEN NAME OF MOTHER Ann Delaney

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country) 302

17 Informant: Mrs. Alice Bergen (Widow) (Address) Worcester Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: James O Wails M D (Signature of Agent of Board of Health or other) Commissioner 12-21-43 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 19, 1943 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1943 to Dec 19, 1943. I last saw him alive on Dec 19, 1943, death is said to have occurred on the date stated above, at 4:30 p.m.

Immediate cause of death: Arteriosclerotic heart disease years

Due to 935

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: none Date of: Of autopsy: none What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? NO If so, specify: (Signed) Geo. A MacIver Supt (Address) Worcester Date 12-20 19 43

21 St. John's Worcester (City or Town) Place of Burial, Cremation or Removal: Sec 23 DATE OF BURIAL: 19 43

22 NAME OF FUNERAL DIRECTOR: John J Fay ADDRESS: Worcester

Received and filed: Malcolm Medley 12-21-43 (Registrar) A TRUE COPY ATTEST:

PARENTS