

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

PLACE OF DEATH

County Douglas
Township Brown
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1062 File No. 20781
Primary Registration District No. 5399 Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Thomas Burden

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH _____, 1957
(Month) (Day) (Year)

AGE 54 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

PLACE OF BIRTH (City or town, State or foreign country) Douglas Co Mo

NAME OF FATHER not known

BIRTHPLACE OF FATHER (City or town, State or foreign country) not known

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) C. Strong
(ADDRESS) Rifle rd
Chillicothe
Filed _____ 1957 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1951
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 27, 1951, to June 27, 1951, that I last saw him alive on June 15, 1951, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Valvular disease of heart
BSE
USA
(Duration) 3 yrs. _____ mos. _____ ds.

Contributory (SECONDARY) Malignant tumor test
apillary region
(Duration) 4 yrs. _____ mos. _____ ds.
(Signed) G. F. Taylor M. D.
_____, 1951 (Address) Almartha Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Jefferson Home yard DATE OF BURIAL June 27, 1951
 Undertaker _____ ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. If a statement of OCCURRING DAY is very important.

PLACE OF DEATH

County _____
 Township _____
 or
 Village _____
 or
 City _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

(NO. _____) (St. _____) (Ward _____)

MISSOURI STATE BOARD
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX _____	COLOR OR RACE _____	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH _____	(Month) _____ (Day) _____ (Year) _____	
AGE _____	_____ yrs. _____ mos. _____ ds.	IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION _____	(a) Trade, profession, or particular kind of work _____	
	(b) General nature of industry, business, or establishment in which employed (or employer) _____	

BIRTHPLACE
 (City or town,
 State or foreign country)

NAME OF
 FATHER

BIRTHPLACE
 OF FATHER
 (City or town, State or foreign country)

MAIDEN NAME
 OF MOTHER

BIRTHPLACE
 OF MOTHER
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed _____, 191_____

REGISTRAR

MEDICAL CERTIFICATE OF D

DATE OF DEATH _____

(Month)

I HEREBY CERTIFY, that I attended

_____ , 191_____, to _____

that I last saw him alive on _____

and that death occurred, on the date state

The CAUSE OF DEATH* was as follows:

BIRTHPLACE
 (City or town,
 State or foreign country)

NAME OF
 FATHER

BIRTHPLACE
 OF FATHER
 (City or town, State or foreign country)

MAIDEN NAME
 OF MOTHER

BIRTHPLACE
 OF MOTHER
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed _____, 191_____

REGISTRAR

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as

(Duration) _____ yrs. _____

Contributory
 (SECONDARY)

(Duration) _____ yrs. _____

(Signed)

191_____ (Address)

*State the Disease Causing Death, or, in deaths (1) Means of Injury; and (2) whether Accidental, Suicidal

LENGTH OF RESIDENCE (FOR HOSPITALS' INST. RECENT RESIDENTS)

At place of death, _____ yrs. _____ mos. _____ ds., State _____
 Where was disease contracted if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

UNDERTAKER

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
County Douglas
Township Brown
or
Village
or
City

Registration District No. 1062
Primary Registration District No. 2399

File No. 1
Registered No. 1

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Thomas Burden

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWY OR DIVORCED
(Write the word)
DATE OF BIRTH Jan 10, 1857
(Month) (Day) (Year)
AGE 54 yrs. 5' 16" ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Douglas Mo

PARENTS
NAME OF FATHER Not known
BIRTHPLACE OF FATHER
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER
BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Strong
(ADDRESS) Riffel Mo

Filed June 27, 1911 C. H. Case
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Jan 27, 1911, to June 27, 1911, that I last saw him alive on June 15, 1911, and that death occurred, on the date stated above, at Mo.

THE CAUSE OF DEATH* was as follows:
Valvular disease of heart

(Duration) 3 yrs. 3 mos. 3 ds.
Contributory Malignant Tumor
Left ventricle of region 4 yrs.

(Signed) E. W. Taylor M. D.
July 10, 1911 (Address) Edwardsville Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Wofford Home DATE OF BURIAL June 27, 1911

UNDERTAKER Isaac Brown ADDRESS Rockledge Mo

Original file date June 27, 1911 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health
Association]]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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