

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.

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

34499

PLACE OF DEATH  
County Howard  
Township Burton  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 378  
Primary Registration District No. 5528

File No. \_\_\_\_\_  
Registered No. 67

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

FULL NAME Sidney L. Burge

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH May 11 1886  
(Month) (Day) (Year)

AGE 85 yrs. 4 mos. 4 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) Farming

BIRTHPLACE (City or town, State or foreign country) Howard Co. Mo.

PARENTS  
NAME OF FATHER Don't Know  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
MAIDEN NAME OF MOTHER Deatherage  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Wm. Kay

(ADDRESS) Higbee, Mo.

Filed Oct 11 1911 U.S. Registrar

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 15th, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 28th, 1911, to Sept 15th, 1911, that I last saw him alive on Sept 12th, 1911, and that death occurred, on the date stated above, at 3:15 A.M.

THE CAUSE OF DEATH\* was as follows:  
Bright's Disease

132 A  
125 B (Duration) 6 yrs. 12 mos. 20 ds.

Contributory Prostatitis  
(SECONDARY) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

(Signed) C. L. Burghalter M. D.  
Sept. 15 1911 (Address) Higbee, 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. \_\_\_\_\_ d. 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 Burge Burial Ground DATE OF BURIAL Sept 16 1911

UNDERTAKER C. L. Ireland ADDRESS Higbee Mo.

