

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

Do not use this space.

Bedford 11284

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.

20 1927

PLACE OF DEATH
 County Cole Registration District No. 213-
 Township Jefferson Primary Registration District No. 3014-
 City Jefferson (No.) St. Ward)
 2. FULL NAME Thomas Grace Carolyn Burd
 (a) Residence. No. 1016 Thurmond Blvd Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Arthur James Burd
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7-1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 | 4 | 6 | | |
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 14-1927
 17. I HEREBY CERTIFY That I attended deceased from 4-14 1927, to 4-14-1927
 that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 8:00 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Reasonable self-inflicted
gun shot wound
 170 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Port Madison Iowa
 (STATE OR COUNTRY)
 10. NAME OF FATHER Char. W. Fruelking
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warrant Ill
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Carnie Brier
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Keokuk Iowa
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS:
 (Signed) P. V. Bedford, M. D.
415, 1927 (Address) Jeff. City Mo.
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT A. J. Burd
 (Address)
 15. FILED 4/17-1927 P. V. Bedford
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL River View Cemetery DATE OF BURIAL 4/17 1927
 20. UNDERTAKER Walker & Lynn ADDRESS

