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

Do not use this space.

33279

JAN 4 1928

1. PLACE OF DEATH: ~~Livingston~~ Grundy
County: ~~Grundy~~ Registration District No. 330
Township: Jackson Primary Registration District No. 5460
City: (No. St. Ward)

File No.
Registered No.

2. FULL NAME: Wilbur Henry Burgess
(a) Residence. No. St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 31 – 1905

7. AGE: Years 22 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farm
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Twp Mo

PARENTS
10. NAME OF FATHER: Frank E. Burgess
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Twp Mo
12. MAIDEN NAME OF MOTHER: Nellie Gee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jackson Twp Mo

14. INFORMANT: C. W. Burgess
(Address): Hickory Mo

15. FILED: Nov 14, 1927 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1927, to Nov 9, 1927, that I last saw him alive on Nov 9, 1927, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
3/234
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pneumonia at age 6
(duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O R Rooks, M. D
11-10, 1927 (Address) Trenton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Shelburn Cemetery
DATE OF BURIAL: 11/10 1927

20. UNDERTAKER: R H Hemley
ADDRESS: Trenton Mo

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.