FEB 21 1928

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

Do not use this space.

756

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.:
Township: Springfield — Primary Registration District No.: 2001 — Registered No.: 22
City: (No. St. Johns Hospital St. Ward)

2. FULL NAME: Ada L. Burnside
(a) Residence. No. 1931 N. Broadway 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: G. C. Burnside

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 20 1884

7. AGE: Years 43 | Months 11 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER: John B. Wilkerson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ark
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Polly Pratt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ark
(STATE OR COUNTRY)

14. INFORMANT: G. C. Burnside
(Address): Springfield, Mo

15. FILED 1/10 1928 O. C. Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 9 1928

17. I HEREBY CERTIFY, That I attended deceased from November 1926, to Jan 9 1928 that I last saw h. alive on Jan 9 1928, and that death occurred, on the date stated above, at 8:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exophthalmic Goiter
66B
93C
95B
(duration) 15 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Myocarditis + auricular fibrillation
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? Decemb 2 1926
DID AN OPERATION PRECEDE DEATH? yes DATE OF? Jan 9, 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Francis [illegible], M.D.
, 19 (Address) SPRINGFIELD, 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: Greenwood Cemetery Bolivar Mo — DATE OF BURIAL: Jan 11 1928
20. UNDERTAKER: J. W. Kingery & Co — ADDRESS: 424 E. Pond Springfield 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.

619