

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

Do not use this space.

MAR 23 1928

1. PLACE OF DEATH

County Jefferson
 Township Joachim
 City Festus (No.)

Registration District No. 421
 Primary Registration District No. 4219
2525

File No. 5411
 Registered No. 11
 St. Ward)

2. FULL NAME George Lewis Burrell

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma L. Burrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 5 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Accountant
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lockport
 (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Myron L. Burrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sheffield
 (STATE OR COUNTRY) Mass.

12. MAIDEN NAME OF MOTHER Mary Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sheffield
 (STATE OR COUNTRY) Mass.

14. INFORMANT Mrs. M. Burrell
 (Address) Festus Mo.

15. FILED 2/6 1928, J. C. Rutledge
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from April 18-26, 1927, to Feb 3, 1928, and that I last saw h. alive on July 27, 1928, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
1290 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. Burrell M. D.
Feb 4, 1928 (Address) Crystal 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Louis Mo. DATE OF BURIAL Feb. 4 1928

20. UNDERTAKER Quester & Vinyard ADDRESS Festus 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.

