

EP 26 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27801

104

1. PLACE OF DEATH

County LincolnRegistration District No. 49File No. 104Township MaunPrimary Registration District No. 5652Registered No. 104City Maun (No. 5652)St. Mo. Ward 1

2. FULL NAME

Fannie R Burdick(a) Residence. No. 5652 St. Mo. Ward 1

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
-------------------------	----------------------------------	--

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-17-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>3</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

PARENTS

14. INFORMANT

(Address) Wm Burdick
Old Manor Mo

15. FILED

8/22 1928 PG Neunlich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 192817. I HEREBY CERTIFY That I attended deceased from Aug 10 1928 to Aug 16 1928 that I last saw him alive on Aug 13 1928, and that death occurred, on the date stated above, at Old Manor

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Blind Poison
3411

CONTRIBUTORY (SECONDARY)

Needle in foot

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) Wm Burdick, 19 28 (Address) Old Manor

*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

DATE OF BURIAL

Highland Cemetery 8/18 1928

20. UNDERTAKER

ADDRESS

Clemens & Wicks Old Manor Mo

