

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.

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

Do not use this space.

36614

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. _____ Registered No. 783
City Springfield (No. 2901) Hospital _____ St. _____ Ward _____

2. FULL NAME

(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 Iella Burdett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 November or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Bridge Building
(c) Name of employer Frisco R.R. Co.

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

10. NAME OF FATHER R.L. Burdett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER E.J. Dreshner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Chas Alexander
Springfield Mo.

15. FILED 11-17-28 O.C. Horst M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1928 to Nov. 11, 1928
that I last saw him alive on Nov. 11, 1928 and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gas Bacillus Infection
1850
1913

CONTRIBUTORY (duration) yrs. mos. ds. 30
Crushing injury to leg
Rail road yard
Mo.

18. WHETHER DISEASE CONTRACTED (duration) yrs. mos. ds. 20
Not controllable in accident
limb fell on leg

IF NOT AT PLACE OF DEATH: DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 7-28
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. Scull M. D.
11-11, 1928 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH, or its results 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
Green Lawn Cemetery Nov 12 1928

20. UNDERTAKER ADDRESS
L. W. Kingrey & Co.
Springfield Mo.

