JAN 28 1929

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

Do not use this space.

43860

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No. Fred S.
Township — Primary Registration District No. 3039 — Registered No. 277.
City Nevada (No. ... St. ... Ward)

2. FULL NAME William Edward Burdick
(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. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/17/28

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
0	0	0	5	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nevada Mo
(STATE OR COUNTRY) Vernon Co

PARENTS
10. NAME OF FATHER Frank Burdick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ethel Eads
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Missouri

14. INFORMANT Frank Burdick
(Address) Nevada Mo

15. FILED 1-4 1929. E.R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 22, 1928 that I last saw him alive on Dec 17, 1928, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Br. Pneumonia 10 P
100 A
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Dont know.
(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? Phys. Exam.
(Signed) W B Love, M.B.
, 19 (Address) Nevada, 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: Moore Cemet
DATE OF BURIAL: 12/23 1928

20. UNDERTAKER: Ferry Funeral Hom
ADDRESS: Nevada

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.