

B 22 1929

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

Do not use this space.

2114

1. PLACE OF DEATH

County.....Jefferson..... Registration District No.....431.....
Township..... Primary Registration District No.....4249.....
City.....Festus..... (No..... St..... Ward)

File No.....
Registered No.....3

2. FULL NAME Henretta Maria Burgaa

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Festus
(STATE OR COUNTRY) Jefferson Co Mo.

10. NAME OF FATHER Lloyd Burgee

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

12. MAIDEN NAME OF MOTHER Estelle Boyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dasloge
(STATE OR COUNTRY) Missouri

14. INFORMANT Lloyd Burgee
(Address) Festus, Missouri

15. FILED 1/31 1929 J. C. Rutledge REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1929 to Jan 30 1929
that I last saw h..... alive on Jan 28 1929, and that death occurred, on the date stated above, at Festus, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth - 7 mi - 159
159
Malnutrition (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Malnutrition (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. C. Rutledge, M. D.
1/31, 1929 (Address) Festus, 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 Festus mo DATE OF BURIAL Jan 30 1929

20. UNDERTAKER Diestic & 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.

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RECORDS OF DEATHS IN MISSOURI IS A PERMANENT RECORD

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