

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

Do not use this space.

11476

1. PLACE OF DEATH

County Macon
Township Calico
City Moberly

Registration District No. 529
Primary Registration District No. 5706

File No.
Registered No.
St. Ward

2. FULL NAME

Susan Burman

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS or (or) WIFE of Stephen Burman, Deed

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Macon Co., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Presant Tuttle

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

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 1
(STATE OR COUNTRY)

14. INFORMANT Lloyd Burman
(Address) Bellevue, Mo.

15. FILED 4-8-1929 F. L. Trippe, M.D.
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1929

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to March 16, 1929.
that I last saw her alive on March 16, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke and heart attack at first followed by cerebral Hemorrhage and Paralysis.

CONTRIBUTORY (SECONDARY)

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

19. DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. L. Trippe, M. D.
3-18-1929 (Address) College Mound 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 DATE OF BURIAL

Concord Cemetery 3-19-1929

20. UNDERTAKER

Stephens & Goding, Macon Mo

PHYSICIANS should state EXACTLY. OCCUPATION is very

Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION is very

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