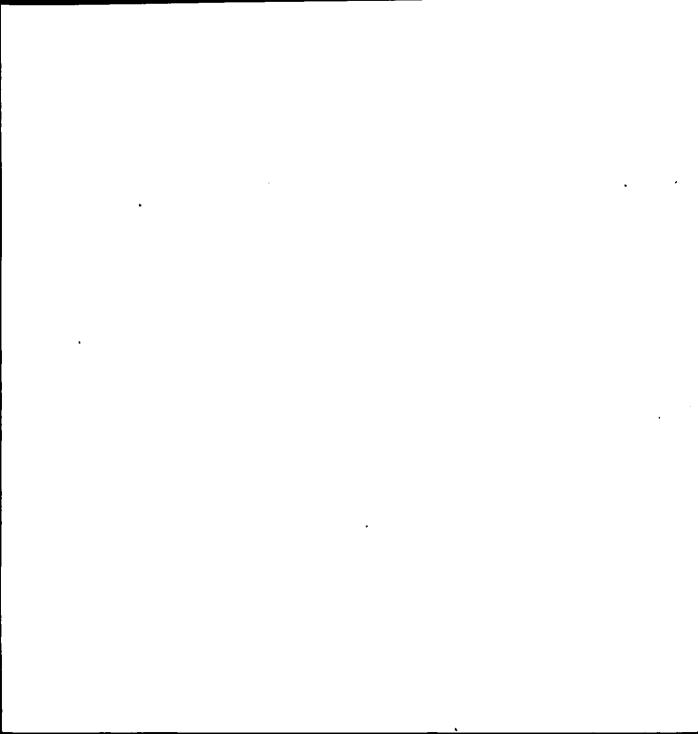
	BUREAU OF VI	BOARD OF HEALTH TAL STATISTICS TE OF DEATH TO mot use this space. 24-21-4
•	, , , , , , , , , , , , , , , , , , , ,	0 / 0 -
	2. FULL NAME MTS. HATY BUTDAGE (a) Residence. No. MTS. St., (Usual place of abode) Length of residence in city or fown where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS	Ward. (If nonresident give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH
-	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) White Vidow	16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 19 29
	5A. If Married, Widowed, or Divorced HUSBAND of (OR) WIFE OF Gilbert Burbage	that I bet saw h A. alive on the date stated glove, at 12.45 A. m.
	6. DATE OF BIRTH (MONTH, DAY AND YEAR) Ct. 20 1836 7. AGE YEARS MONTHS DAYS If LESS than 1 day,	THE CAUSE OF DEATH* WAS AS FOILDWS:
	8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work	CONTRIBUTORY (secondary) (duration) (duration) (duration) (secondary)
	9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATH?
1	10. NAME OF FATHER Enoch Shepherd 11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WAS THERE AN AUTOPSYT. WHAT TEST CONFIGURED DEPONOSIST (Signed) (Signed)
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 1175 WWW. Karring to Control of	(1) MEANS AND NATURE OF INJURY, and (2) whether Accedental, Suicedal, or Homicidal. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 7 - 18 19 2 9
	15. FILED 117, 1929 6 MI NAGANION REGISTRAR	20. UNDERTAKEN ADDRESS ADDRESS ADDRESS ADDRESS



MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No. 262 File No..... Primary Registration District No. Township City Class (Registered No..... ESCRIBED ______St. ______Ward) ᇤ (a) Residence. No.....(Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred ds. YES. mos. How long in U.S., if of foreign birth? COMPLETE PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR DIVORCED (write the word) 17. ARE I HEREBY CERTIFY That I attended deceased from 5A, IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THEY THE CAUSE DEATH - WAS AS FOLLOWS: 8. DATE OF BIRTH (MONTH, DAY AND YEAR) UNTIL 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hre. ormin. CERTIFICATES 8. OCCUPATION OF DECEASED (a) Trade, profession, oryrs.....mos......ds. particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN)...... IF NOT AT PLACE OF DEATH..... ⋖ (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH? DATE OF MOT RECEIVE 10. NAME OF FATHER WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIST PARENTS (STATE OR COUNTRY) (Signed) M. D. 12. MAIDEN NAME OF MOTHER (Address) BIRTHPLACE OF MOTHER CITY OR TO *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 INFORMANT (Address) 20. UNDERTAKER **ADDRESS**

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