

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

Do not use this space.

32051

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Report**)

File No.

Registered No. **9083**

St.

Ward)

2. FULL NAME

(a) Residence. No. **1321 Clark**

(Usual place of abode)

St. **22**

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1** yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male

white

single

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

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

June 12 - 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

22

20

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Johnson City, Illinois

10. NAME OF FATHER

Walter Burgess

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Johnson City, Illinois

12. MAIDEN NAME OF MOTHER

Bertha Farrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Plains, Missouri

14. INFORMANT

(Address)

St. Louis, Mo. 22

15. FILED

SEP 9 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 8 1927

17. I HEREBY CERTIFY, That I attended deceased from

Sept 2 1927 to Sept 8 1927 that I last saw him alive on Sept 8 1927 and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*9/11 cents Juging
Heart
115A (duration) yrs. mos. ds.*

CONTRIBUTORY (SECONDARY)

115A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. H. ... M. D.

(Address)

*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

West Frankfort, Mo. 9-11-1927

20. UNDERTAKER

ADDRESS

Union Wind Co. West Frankfort

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.

Burgess.