

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

Do not use this space.

41752

PLACE OF DEATH  
County Pulaski  
Township Turner  
City Turner (No.       )

Registration District No. 716  
Primary Registration District No. 5945

File No.         
Registered No. 38  
St.        Ward       

**2. FULL NAME**

(a) Residence. No.        St.        Ward.         
(Usual place of abode)  
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.         
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Burgess</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jun 24, 1860</u>		
7. AGE <u>69</u>	YEARS <u>10</u>	MONTHS <u>17</u>
DAY <u>17</u>		IF LESS than 1 day, hrs. <u>      </u> min. <u>      </u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) Household duties  
(c) Name of employer Self

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

PARENTS	10. NAME OF FATHER <u>Reuben Stanton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Emery</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Paul Burgess  
(Address) Cracker Mo.  
15. FILED Nov 24 19 24 REGISTRAR W. Lee

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 19 24  
17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 19 24 to Dec 11, 19 24  
that I last saw him alive on Dec 10, 19 24, and that death occurred, on the date stated above, at 7:15 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS**

Accident of heart  
46 yr  
95 (duration) 1 yrs. 2 mos. 1 ds.  
CONTRIBUTORY Acute myocarditis  
(SECONDARY) (duration) 0 yrs. 2 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Place of Death  
IF NOT AT PLACE OF DEATH No  
DID AN OPERATION PRECEDE DEATH? No DATE OF         
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS This special st.  
(Signed) J. P. Keller M. D.  
Dec 17, 19 24 (Address) Cracker 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 <u>Methodist Cemetery</u>	DATE OF BURIAL <u>Dec 12</u> 19 <u>24</u>
20. UNDERTAKER <u>Paul B. Hanks</u>	ADDRESS <u>Cracker Mo.</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

