

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

Do not use this space.

**1. PLACE OF DEATH**

County Warren  
Township Albion  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 851  
Primary Registration District No. 6171

File No. 3853  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ora W. Burgess

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 | 7 | 19

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Waverly, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Edward P. Burgess

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

12. MAIDEN NAME OF MOTHER Elizabeth Reynolds

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

14. INFORMANT Carl Burgess  
(Address) Warrenton Mo

15. FILED June 1930 A.W. Whelton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 3<sup>rd</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1926 to Jan 3, 1930 that I last saw him alive on Jan 3 5/10 a.m. 1929, and that death occurred, on the date stated above, at \_\_\_\_\_

THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:  
Chronic myocarditis  
93C  
106B  
113R (duration) 3 yrs. 6 mos. da.

CONTRIBUTORY: Chronic bronchitis & circulatory stasis (SECONDARY) (duration) 3 yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH 90%

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none  
(Signed) J. De Treary, M. D. (Address) Warrenton, 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 Warrenton City Am. DATE OF BURIAL Jan 5<sup>th</sup> 1930

20. UNDERTAKER F.W. Hilding ADDRESS Warrenton Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

