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

Do not use this space.

16676

File No.
Registered No. 181

**1. PLACE OF DEATH**

County: Livingston
Township:
City: Chillicothe (No. , St. Ward)

Registration District No. 508
Primary Registration District No. 3026

**2. FULL NAME** Mrs Pilla Burgy.

(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. 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) |
|---|---|---|
| Female | White | Widowed |

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR)~~ WIFE OF Lewis Burgy.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15. 1866 (about)

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| (About) | 63 | 11 | 23. | |

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)
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Richard Blackburn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana.
12. MAIDEN NAME OF MOTHER Malisa Barnett.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana.

14. INFORMANT John Blackburn
(Address) Des Moines Iowa.

15. FILED 5/8 1930 Reuben Barney REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930, to May 8, 1930, that I last saw her alive on May 7, 1930, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lung (left) probably secondary to carcinoma of left breast which was removed about 5 yrs ago. (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF About 5 yrs ago.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical.
(Signed) H. W. Carpenter, M. D.
5-10, 1930 (Address) Utica, 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~~ Edgewood Cemt. DATE OF BURIAL May 10th 1930

20. UNDERTAKER P. M. Marshall. ADDRESS Chillicothe Mo.

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.