

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41873

1. PLACE OF DEATH

County NorthTownship NorthCity St. LouisRegistration District No. 993Primary Registration District No. 993File No. 76Registered No. 76St. St. Louis Ward 762. FULL NAME Bradford Burdick(a) Residence, No. St. Ward 76

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christiana Burdick6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2, 1859

7. AGE

YEARS 71MONTHS 5DAYS 7If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Run a mill & Elevator

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bohannon(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Hollander Burdick11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy Manroe13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bohannon

(STATE OR COUNTRY)

14. INFORMANT Mrs. Bradford Burdick(Address) St. Louis15. FILED 12/11/30

John C. Duffee

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9193017. I HEREBY CERTIFY, That I attended deceased from Dec 9 to Dec 9, 1930, that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broken Haemorrhage
apoplexy
(duration) 1 yrs. 1 mos. 1 ds.CONTRIBUTORY (SECONDARY) 74(duration) 1 yrs. 1 mos. 1 ds.18. WHERE WAS DISEASE CONTRACTED St. Louis

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NODATE OF 12/11/30WAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS? Phys. findings(Signed) J. Ross

M. D.

12/11/30 (Address) St. Louis

*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 St. LouisDATE OF BURIAL 12/11/3020. UNDERTAKER Arch. C. DuffeeADDRESS St. Louis

