

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.

22120

1. PLACE OF DEATH

County Merced
Township Union
City Princeton

Registration District No. 556
Primary Registration District No. 4328

File No. _____
Registered No. 14
St. _____ Ward) _____

2. FULL NAME

Raymond Burrage

(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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1905 April 4

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 1 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Merced Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Chas Burrage

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

12. MAIDEN NAME OF MOTHER Melvany

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

14. INFORMANT Chas Burrage
(Address) Princeton Mo

15. FILED 6/8/31 Je M Perry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 1931, to June 6, 1931
that I last saw him alive on June 5, 1931, and that
death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic heart disease -
mitral valve insufficiency -
Cerebral thrombosis -
Ischemic necrosis (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 10 yrs. 13 mos. 27 da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF BIRTH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical & Laboratory
(Signed) J. J. Lewis M.D.
, 1931 (Address) Princeton 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 Princeton Cemetery DATE OF BURIAL June 8 1931

20. UNDERTAKER Neil Marx ADDRESS Princeton Mo

