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

Do not use this space.

22480

File No.

Registered No. 114

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City Moberly (No. , St. Ward)

2. FULL NAME Jennie N. Burgess

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

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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): Nov. 3, 1863.

7. AGE: Years 67 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Insurance Agency

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): May 1931

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

FATHER

13. NAME: Robert M. Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Celestie Hodges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: Mrs. Lizzie Webb
(ADDRESS) Paris, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paris, Missouri DATE 6-11-31. 19

19. UNDERTAKER: Speed & Blakey
(ADDRESS) Paris, Missouri

20. FILED 6-10 19 31. Thos. S. Fleming
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9th, 1931.

22. I HEREBY CERTIFY, That I attended deceased from June 4th 31 19, to June 9 19 31

I last saw h alive on June 9 19 31 Death is said to have occurred on the date stated above, at 6:18 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute nephritis | ? |
| 95.3 | |
| 593 | |
| 593 | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Cardio, vascular Disease | ? |
| Influenza Feb 1931 | |

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos S Fleming, M. D.

(Address) Moberly, Missouri.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Vs. No. 2.

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