

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

Do not use this space.

24251

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph Mo. (No. Missouri Methodist)

File No. _____
Registered No. 733
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

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

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

MOTHER FATHER 13. NAME W. J. Burdette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville Missouri

MOTHER 15. MAIDEN NAME Bessie Fulh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Missouri

17. INFORMANT Mrs. W. J. Burdette
(ADDRESS) Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek Cem. DATE July 4, 1931

19. UNDERTAKER B. Leeman Funeral Home
(ADDRESS) St. Joseph, Mo.

20. FILED 7-3 1931 J. H. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1931

I HEREBY CERTIFY, that I attended deceased from June 26 1931, to July 3 1931.
I last saw him alive on July 5 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Enteritis
1103
1104
1105
Other contributory causes of importance:
Empyema of left lung.

Date of onset June 30

Name of operation Rob. Resection Date of June 26
What test confirmed diagnosis? _____ 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? 6 (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) J. H. Allman, M. D.
(Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 24 1931

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