

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

Do not use this space.

30715

**1. PLACE OF DEATH**

County Cape Giraudian Registration District No. 125  
Township — Primary Registration District No. 2009  
City — (No. 919 N. Boulevard) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 787  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Sophie Clementine Burford

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Burford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2, 1854</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>0</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 82</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>10</u>				11. Total time (years) spent in this occupation <u>18</u>
10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Gir County, Mo</u>				
FATHER	13. NAME <u>Alfred E. Kinder</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Giraudian Co. Mo</u>			
MOTHER	15. MAIDEN NAME <u>Matilda Estes</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Gir County, Mo</u>			
17. INFORMANT <u>Mrs. S. R. Smith</u> (ADDRESS) <u>Cape Giraudian, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fultonville, Mo</u> DATE <u>Sept 21, 1931</u>				
19. UNDERTAKER <u>A. J. Baker</u> (ADDRESS) <u>Fultonville, Mo</u>				
20. FILED <u>9-19-31</u> <u>W. Kauffman</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931, to Sept 19, 1931  
I last saw her alive on Sept 19, 1931. Death is said to have occurred on the date stated above, at 345a m.

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

Cerebral Hemorrhage  
Prophylax  
9-18-31  
General dysfunction of her age  
Hypertension

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

(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? \_\_\_\_\_  
(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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) D. H. Stahle, M. D.

(Address) Cape Giraudian, Mo

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.

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