

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.

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

Do not use this space.

40927

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C.MO.

Registration District No. 399
Primary Registration District No. 1002
(No. 1006 Virginia Ave.)

File No. 40927
Registered No. 40927
St. _____ Ward _____

2. FULL NAME Zelie Nina Burgett

(a) Residence, No. 1006 Virginia Ave., St. 2 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31st 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____hrs. or _____min.
	<u>44</u>	<u>8</u>	<u>87</u>	

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

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

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) Missouri.

13. NAME Warren Bradom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Kovall Miss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Miss Sallie Bradom
(ADDRESS) 1006 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cemetery 12-10-31 19

19. UNDERTAKER H. B. Moore
(ADDRESS) 1820 East 18th St.

20. FILED 7/10 1931 Midvale
Asst. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-31 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1931, to Dec 8 1931
I last saw her alive on Dec 7 1931. Death is said to have occurred on the date stated above, at 8 am.
The principal cause of death and related causes of importance were as follows:
Multiple osteoarthritis, knee.
Tubercular infection, Aug 28/31
115A
91A
57A
Date of onset _____

Other contributory causes of importance:
Cardiovascular, acute

Name of operation 115A Date of _____
What test confirmed diagnosis Chairol 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) V. G. Terry M. D.
(Address) 1716 E. 12th St.

Dr J. E. Perry
1716 East 12th St. N.E.
Harrison 6290