

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

Do not use this space.

9656

1. PLACE OF DEATH

85 County Plaske
Township Liberty
City Elizah F. Burdick (No. _____)

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 18, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming
(c) Name of employer Clark Co.

9. BIRTHPLACE (CITY OR TOWN) Clark Co.
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Albert M. Burdick

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

12. MAIDEN NAME OF MOTHER Sarah McGuire

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

14. INFORMANT Elizabeth Burdick
(Address) Richland, Mo.

15. FILED 3-3, 1932 Overt A. Oliver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1932

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1932, to March 2, 1932, that I last saw him alive on March 2, 1932, and that death occurred, on the date stated above, at noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure -
Dropped dead working in
garden -
(duration) 70 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Hearsay diagnosis
(Signed) Overt A. Oliver M. D.

3-3-1932 (Address) Richland, 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 St John Cemetery DATE OF BURIAL 3-4-1932

20. UNDERTAKER W. H. Jones ADDRESS Richland Mo.

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.

APR 29 1932

