

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.

98
11004

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248
City Jefferson Barracks (No. Veterans Administration Hospital St. Ward)

2. FULL NAME Neal G. BURGESS

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

Length of residence in city or town where death occurred Un yrs. kn mos. OWN 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 3, 1896

7. AGE YEARS 37 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

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

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) November 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Crocker, (STATE OR COUNTRY) Missouri

13. NAME Edward Burgess

14. BIRTHPLACE (CITY OR TOWN) Crocker, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Agnes Stanton

16. BIRTHPLACE (CITY OR TOWN) Unavailable, (STATE OR COUNTRY) Missouri

17. INFORMANT C. H. Smith, M.D., Vet. Adm. Hospital, (ADDRESS) Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker, Mo. DATE 3-4 19 33

19. UNDERTAKER C. Hoffmeister, 714 S. Broadway, (ADDRESS)

20. FILED Mar 4 1933 F. C. Rhoads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1933.

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1933 to March 3, 1933

I last saw him alive on March 3, 1933 Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Tumor, liver, malignant

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical examination 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 of injury in any way related to occupation of deceased?
If so, specify

(Signed) M. C. Gibson, M.D., Vet. Adm. Hospital, D.
(Address) Jefferson Barracks, Missouri.

FEB 23 1946

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