

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

Do not use this space.

George

1. PLACE OF DEATH

County *Green*

Registration District No. *318 10v Che*

File No. *16291*

Township *Green*

Primary Registration District No. *7001*

Registered No. *419*

City *Springfield* (NE)

St. _____ Ward _____

2. FULL NAME

(a) Residence, *208 Summit Ave* Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-21* 19*33*

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. That saw him _____ alive on *5-21*, 19*33*. Death is said to have occurred on the date stated above, at *5:10 p* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 25 1898*

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. *34 14 35*

Date of onset

8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. *Wagon Driver*

Draining Steel from automobile Collision - 2:10 P

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

Other contributory causes of importance

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) *Springfield, Mo*

2:10

13. NAME OF FATHER *Robert Burghman*

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield, Mo*

What test confirmed diagnosis? _____ Was there an autopsy *U*

15. MAIDEN NAME OF MOTHER *Clara Koch*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide *Accident* Date of injury *5-21*, 19*33*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Springfield, Mo*

Where did injury occur? *Near Conway, Mo* (Specify city or town, county, and State)

17. INTERMENT (ADDRESS) *Springfield, Mo*

Specify whether injury occurred in industry, in home, or in public place. *Public Highway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield, Mo* DATE *May 24 1933*

Manner of injury *Automobile Collision*

19. UNDERTAKER (ADDRESS) *Springfield, Mo*

Nature of injury *Steel fracture*

20. FILED *5-24-33* *Ralph W. Langston* Registrar

Was disease or injury in any way related to occupation of deceased? *W*

If so, specify *Chas A. George - Conway, Mo*

(Signed) _____ (Address) *Springfield, 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.

JUN 22 1933

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