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.

26816

1. PLACE OF DEATH

50 County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 5575 — Registered No. 84

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Thelma Mae Burgan

(a) Residence, No. Crystal City 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19-1933

7. AGE: YEARS — MONTHS: 4 DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. —

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): Crystal City Mo.

FATHER

13. NAME: Francis J. Burgan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stephens Springs Mo.

MOTHER

15. MAIDEN NAME: Mae Crannick

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

17. INFORMANT (ADDRESS): Francis J. Burgan

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Antonia Mo. DATE Aug 22 1933

19. UNDERTAKER (ADDRESS): Wm F. Barnhart Crystal City Mo.

20. FILED 8/22 1933 J. E. Cuttledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1933, to Aug 21, 1933

I last saw her alive on Aug 21, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Bronchial Pneumonia — Date of onset Aug 19/33

1 9 D
1 0 7 A
1 0 7 B
1 0 7 C

Other contributory causes of importance:

Acute Summer Diarrhea & Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) [signature], M. D.

(Address) Crystal City Mo