

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

Do not use this space.

27801

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10001
City..... (No. City Hospital #1) St. Ward)

File No.
Registered No. 6826
St. Ward)

2. FULL NAME

Walter Burgoyne
(a) Residence, No. 2422 1/2 Ellsworth Ave. St. 10 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 Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 12

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

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) St. Louis Mo

13. NAME William Burgoyne

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

15. MAIDEN NAME Molly Brown

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

17. INFORMANT Nellie Burgoyne
(ADDRESS) 2422 1/2 Ellsworth Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Always buried DATE Aug 8, 1933

19. UNDERTAKER Goodhart & Goodhart
(ADDRESS) 222 S. 1st Ave

20. FILED AUG - 7 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

no physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 4:00 P.M.

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

Mitral Insufficiency & Aortic Stenosis
Aortic Sclerosis
19 A
17

Other contributory causes of importance 92

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

What test confirmed diagnosis?..... Was there an autopsy? yes

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) Nellie Burgoyne

(Address) 2422 1/2 Ellsworth Ave

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.

SEP 26 1933

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