

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

Do not use this space.

32120

1. PLACE OF DEATH

County Andrew

Registration District No. 912

Township Vandalia

Primary Registration District No. 4500

City Vandalia

File No. _____

Registered No. 39

St. _____ Ward _____

2. FULL NAME

William Samuel Burge

(a) Residence, No. _____ 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 m. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 5 15

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) Higha Mo.

13. NAME George W. Burge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Nancy J. Elzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia Mo.

17. INFORMANT (ADDRESS) Geo Burge, Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia DATE Oct 30 1933

19. UNDERTAKER (ADDRESS) W. S. Waters, Vandalia Mo

20. FILED 10/30 1933 Mullin Tynna Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1933, to Oct 29 1933

I last saw him alive on Oct 28 1933 Death is said

to have occurred on the date stated above, at 2 P. M.

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

Pulmonary tuberculosis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1933

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) T. H. Bland M. D.

(Address) Vandalia 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.

NOV 10 1933

