

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.

JAN 26 1934

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

Do not use this space.

35874

1. PLACE OF DEATH

County Candlen
Township Congress
City J. T. Burgers (No.)

Registration District No. 275
Primary Registration District No. 5.1.7.2.B. (15)

File No.
Registered No. 275-15
St. Ward)

2. FULL NAME

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (Name) Manerva Burgers (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Aug 4 1931 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette La Mo

13. NAME John M Burgers

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

15. MAIDEN NAME Manerva Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McC Donald Co Mo

17. INFORMANT (ADDRESS) John H. Burgers Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Cemetery DATE Sept 8 1933

19. UNDERTAKER (ADDRESS) W. R. P. Phipps

20. FILED 11 7 1933 W. C. P. Phipps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1933

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on Nov 5 1933 Death is said

to have occurred on the date stated above, at 10:10 m.

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

Chronic Nephritis Date of onset April 17-33

131

Other contributory causes of importance:

Name of operation none 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 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) W. C. P. Phipps M. D.

(Address) Honolulu Mo

