

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38774

JAN 4 1934

PLACE OF DEATH

County Schuyler
 Township Walters
 City Queen City (No. _____, St. _____, Ward _____)

Registration District No. 804
 Primary Registration District No. 6044

File No. _____

Registered No. _____

FULL NAME

Charles August Burgman
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. — mos. — ds. How long in U. S., if of foreign birth? 74 yrs. — mos. — ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Margret Burgman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-10-1852</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>1</u>
		<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret'd Farmer</u>		
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		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Ret'd Farmer</u>
	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)	<u>Germany</u>
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FATHER	13. NAME	<u>August Burgman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>

MOTHER	15. MAIDEN NAME	<u>Caroline Hatten</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>

17. INFORMANT (ADDRESS)	<u>L. S. Burgman</u> <u>Queen City Mo. RD #3</u>
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18. BURIAL, CREMATION, OR REMOVAL	
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19. UNDERTAKER (ADDRESS)	<u>Dee Riley</u> <u>Richville Mo.</u>
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20. FILED	<u>Nov 26, 1933</u>	<u>Mo. or Starvation</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24, 193322. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Nov 24, 1933.I last saw him alive on Nov 21, 1933. Death is saidto have occurred on the date stated above, at 1 a m.

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

Brain Hemorrhage8297Other contributory causes of importance: Arteriosclerosis1932

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 no(Signed) P. L. Gray(Address) Queen City Mo.

100-100

100-100

100-100

100-100