

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

Do not use this space.

593  
33

1. PLACE OF DEATH *Cole*  
 County..... Registration District No. *213*  
 Township..... Primary Registration District No. *304*  
 City *Jefferson City* (No. ....) St. .... Ward) *304*  
 2. FULL NAME *Mrs. Arnie Burgett*  
 (a) Residence, No. *506 Locust* S. .... 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Female*  
 4. COLOR OR RACE *Negro*  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1862*  
 7. AGE YEARS *72* MONTHS *1* DAYS *1* If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Keeper*  
 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) *Missouri*  
 FATHER  
 13. NAME *George Brancham*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*  
 MOTHER  
 15. MAIDEN NAME *D.K.*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *D.K.*  
 17. INFORMANT *Mrs. Ida Burgett*  
 (ADDRESS) *Jefferson City, Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Jefferson City, Mo* DATE *Jan 26-34*  
 19. UNDERTAKER *B. L. Bell*  
 (ADDRESS) *Jefferson City, Mo*  
 20. FILED *799* 19*34* *D. B. Bradford*  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 23 1934*  
 22. I HEREBY CERTIFY That I attended deceased from *Jan 19 - 1934* to *Jan 23 1934*  
 last saw him alive on *Jan 23 1934* Death is said to have occurred on the date stated above, at *7:15 P.* m.  
 The principal cause of death and related causes of importance were as follows:  
*Arterial Sclerosis* Date of onset *1-22-34*  
*debility*  
 Other contributory causes of importance:  
*arterio-sclerosis + debility*  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? *Cholesterol* Was there an autopsy? *no*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *no* 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? *no*  
 If so, specify.....  
 (Signed) *R. K. Richardson* M. D.  
 (Address) *Jefferson City, Mo.*

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.

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