

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Independence  
City Independence (No. Sanitarium St. Independence Ward)

Registration District No. 398  
Primary Registration District No. 3019

File No. 16560  
Registered No. 1670

**2. FULL NAME**

Lucetta Burgess

(a) Residence, No. 1912 Ralston St. St. Ward. (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ralph E Burgess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
47      2      2

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

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) Bowling Green Mo.

13. NAME Samuel Wells

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

15. MAIDEN NAME Martha Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo.

17. INFORMANT Jessie Cagan (ADDRESS) 12410 E 27th St. KC, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt wash DATE May 9 1934

19. UNDERTAKER City + Mitchell (ADDRESS) 205 W. 2nd St. St. Louis, Mo.

20. FILED May 9 1934 Dr. F. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1934, to 5/7, 1934

I last saw h. u. alive on 5/7, 1934 Death is said to have occurred on the date stated above, at 11 a m.

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

Myocardial Failure - acute  
Nephritis - with Anuria  
Acute appendicitis  
21 B  
30

Other contributory causes of importance: 12/10  
Appendix operation

Name of operation appendix Date of 4/29  
What test confirmed diagnosis? clinical 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 \_\_\_\_\_  
(Signed) Mullman M. D.  
(Address) 1030 7 July Ave KC 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.

JUN 22 1934

