

JAN 1 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32144
33

1. PLACE OF DEATH

County Camden
 Township Osage
 City Camdenton (No. _____)

Registration District No. 117
 Primary Registration District No. 3167

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 6 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 William Thomas Burgess
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 1883

7. AGE YEARS 51 MONTHS 2 DAYS 13 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Pack Co (STATE OR COUNTRY) Missouri

13. NAME Wiley

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

15. MAIDEN NAME Strater

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) _____

17. INFORMANT W Cecil White head (ADDRESS) Camdenton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rough DATE Sept 6

19. UNDERTAKER Obie B. Benson (ADDRESS) Camdenton, Mo

20. FILED Jan 10, 1935 Haggie Keller Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934 to Sept 6, 1934

I last saw him alive on Sept 3, 1934. Death is said to have occurred on the date stated above, at 7 A. m.

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

Cancer of the uterus
48
718 48

Other contributory causes of importance:
Anemia secondary

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 _____, 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) L. L. Henson, M. D.

(Address) Camdenton, 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.

