

OCT 22 1934

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

Do not use this space.

32704

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence, (No. _____) St. _____ Ward _____

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 325

2. FULL NAME

Margaret A. Burt (Dowd m. J. Burt)

(a) Residence, No. 813 South Main - St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 - American
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OR~~ (OR) WIFE OF Wm J. Burt
March 2, 1860

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 - 6 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation. none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, New York - U.S.A.

MOTHER FATHER
13. NAME John Conway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER FATHER
15. MAIDEN NAME Margaret Welsh

MOTHER FATHER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT (ADDRESS) Charlotte M. Burt (Daughter) 813 S. Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt wash DATE Sept 29, 1934

19. UNDERTAKER (ADDRESS) Ott + Mitchell Independence, Mo.

20. FILED 9-29 1934 J. G. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934 to Sept 28, 1934
I last saw him alive on Sept 27, 1934. Death is said to have occurred on the date stated above, at 1 a.m.

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

Carcinoma of stomach involving Cecum and stomach wall so called leather ball carcinoma (X-ray May 1933 negative)
Date of onset 9/1/34

Other contributory causes of importance:

Starvation

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Georgette Wagon, M. D.
(Address) Independence, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

