

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.

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

Do not use this space.

JAN 8 6 1935

42713

1. PLACE OF DEATH

County **Henry**
Township **#**
City **Windsor** (No. _____, _____ St. _____ Ward)

Registration District No. **14**
Primary Registration District No. **4211**

File No. _____
Registered No. **27**

2. FULL NAME

Charles H. Burgess
305 S. Main

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

Length of residence in city or town where death occurred **27** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Ermine Clinkenbeard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 11-1870**

7. AGE YEARS **64** MONTHS **9** DAYS **22** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Newspaper Editor**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Newspaper**
10. Date deceased last worked at this occupation (month and year) **December 1-34** 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **Ray County**
(STATE OR COUNTRY) **Missouri**

13. NAME **Isaac Burgess**

14. BIRTHPLACE (CITY OR TOWN) **Kentucky**
(STATE OR COUNTRY)

15. MAIDEN NAME **Sarah Serey**

16. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

17. INFORMANT **Mrs C.H. Burgess**
(ADDRESS) **Windsor, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Windsor, Mo.** DATE **Dec. 5-34**

19. UNDERTAKER **Huston-Turner Mortuary**
(ADDRESS) **Windsor, Missouri**

20. FILED **Dec 5 1934** Registrar **J. J. Jernigan**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 3-1934**, 19

22. I HEREBY CERTIFY, That I attended deceased from **Nov 24**, 19**34** to **Dec-3-**, 19**34**

I last saw him alive on **Dec 3**, 19**34** Death is said to have occurred on the date stated above, at **11:30** m.

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

Embolism in Brain

Paralysis

Other contributory causes of importance: _____

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) **H. J. Jernigan**, M. D.

(Address) **Windsor, Mo.**

