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.

JAN 8 1935

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

Do not use this space.

2165

1. PLACE OF DEATH
County Monroe — Registration District No. 927 — File No.
Township Jefferson — Primary Registration District No. 578 / B — Registered No.
City (No. , St. Ward)

2. FULL NAME Ancerviller Burditt
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry P. Burditt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20-1855
7. AGE: YEARS 79 — MONTHS 6 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Monroe Co. Missouri

FATHER
13. NAME: Carl Paris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER
15. MAIDEN NAME: Nancy Peck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Frank Burditt, Stoutsville Mo. R-FD
18. BURIAL, CREMATION, OR REMOVAL: PLACE St Judes Cemetary DATE Jan-3rd 1935
19. UNDERTAKER (ADDRESS): Wilson & Son, Monroe City Mo.
20. FILED Jan 11, 1935. Mrs A. W. Bourmaer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan-1st, 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1934 to Jan 1, 1935
I last saw her alive on Dec 24, 1934. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis — Date of onset: Don't know

Other contributory causes of importance: Arteriosclerosis

Name of operation — Date of
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? No
If so, specify
(Signed) M. C. McMurry, M. D.
(Address) Paris Mo