

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 20 1936

40668

1. PLACE OF DEATH

County Pulaski
Township Warren
City Jackie Lee Burgess (No. 716 St. 19 Ward)

Registration District No. 716
Primary Registration District No. 5945

File No. 40668
Registered No. 19

2. FULL NAME

(a) Residence, No. 716 St. 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29 1935</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>1</u> hrs. or <u>30</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>construction</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>construction</u>
	10. Date deceased last worked at this occupation (month and year) <u>construction</u>
	11. Total time (years) spent in this occupation <u>construction</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pulaski Co Mo

13. NAME Garrett Albert Burgess
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pulaski Co Mo

15. MAIDEN NAME Garrett R. Carraugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pulaski Co Mo

17. INFORMANT Garrett A. Burgess
(ADDRESS) Greeter Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greeter DATE Dec 30 1935

19. UNDERTAKER Garrett A. Burgess
(ADDRESS) Greeter Mo.

20. FILED 1/30 1935
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1935 to Dec 29 1935, 1935
I last saw him alive on Dec 29 1935. Death is said to have occurred on the date stated above, at 2:00 m.
The principal cause of death and related causes of importance were as follows:
Premature Birth

Other contributory causes of importance:
premature birth

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 ✓, 1935
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) W. J. Kelly M. D.
(Address) Greeter Mo.

