

SEP 19 1936

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

Do not use this space.

1134

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Crab Primary Registration District No. 3019
City Crab (No. 131, E. White Clk) Registered No. 7
St. _____ Ward _____

2. FULL NAME

Emma Margaret Burgrave
(s) Residence, No. 131 E. White Clk St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1916
7. AGE YEARS 19 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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) Waterloo Miss.

13. NAME Emma Margaret

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

15. MAIDEN NAME Christie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT Anna Burgrave (ADDRESS) 131 E. White Clk

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Ch. Bur. DATE Aug 9 1936

19. UNDERTAKER (ADDRESS) Methodist Ch. Bur.

20. FILED 1-10-36 J. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6 1936
22. I HEREBY CERTIFY, that I attended deceased from see 30 to Jan 6
I last saw her alive on Jan 6 1936 Death is said to have occurred on the date stated above, at 9:45 m.
The principal cause of death and related causes of importance were as follows:

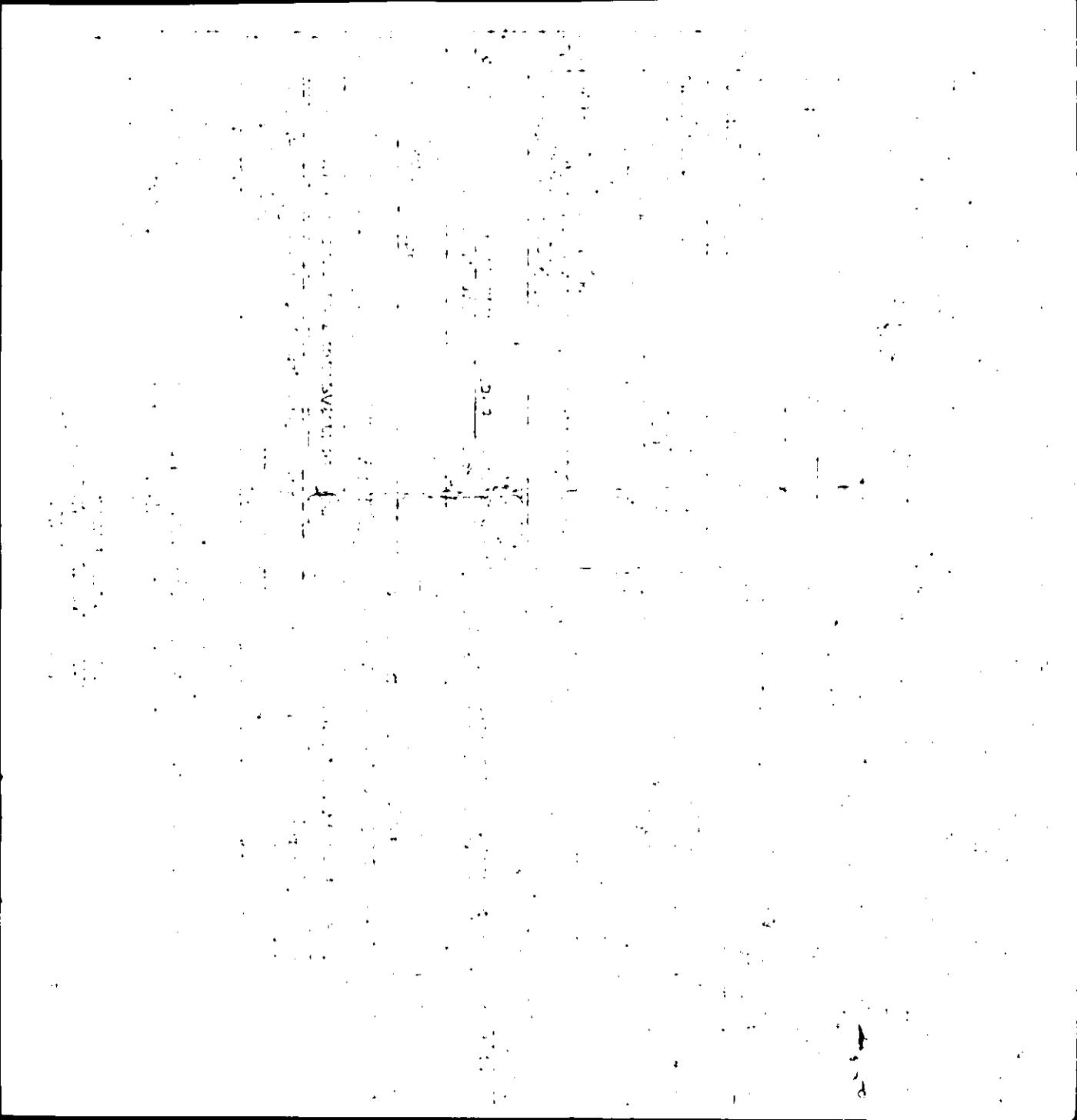
Labor Pneumonia
(pneumonia)
Date of onset Jan 23
Other contributory causes of importance:
MS

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? _____
If so, specify _____
(Signed) D. S. Griffin M. D.
(Address) 109 E. White Clk



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Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. 1134
 Township Independence Primary Registration District No. 3019 Registered No. 7
 City Independence 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED April 16 1936 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1936

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
lobar pneumonia
(traumatic)

Date of onset _____

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 Dec 31 1935

Where did injury occur? her home Was it beat
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at her home

Manner of injury by Man Wag foot

Nature of injury beat over with

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) D. G. Griffin M. D.

(Address) Independence Mo

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