

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

Do not use this space.

JUN 16 1936

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. _____ St. _____ Ward)

Registration District No. 30
Primary Registration District No. 3003

File No. 18471
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Geo. Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 1856</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Sargeot Missouri</u>		
MOTHER FATHER	13. NAME <u>John E. Burgess</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Mary Henderson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sargeot Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. M. O. Keithley 517 N 9th St Smith Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sargeot</u> DATE <u>May 16 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Callaway Monett Mo</u>		
20. FILED <u>5-16-</u> 19 <u>36</u> <u>W. B. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1936 to 5/10, 1936.
I last saw her alive on 5/10, 1936. Death is said to have occurred on the date stated above, at 5:30 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Hypertension
Date of onset 5/10/36

Other contributory causes of importance:
800

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 _____, 1936.
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) Frank J. Cox, M. D.
(Address) Monett Mo

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.

