

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

Do not use this space.

43737

JAN 28 1937

1. PLACE OF DEATH
County Bates Registration District No. 59
Township _____ Primary Registration District No. 3005
City Rick Hill (No. _____) St. _____ Ward _____

2. FULL NAME Bascom Burgess
(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.

File No. _____
Registered No. 47 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>31</u>				

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1937

22. I HEREBY CERTIFY that I attended deceased from Nov 21 to Nov 21, 1937
I last saw him alive on Nov 20, 1937 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:

Phlebotomy
Other contributory causes of importance: _____
Date of onset: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Burgess

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Wm Kennedy (ADDRESS) Rick Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fun Home DATE Jan 2 1937

19. UNDERTAKER (ADDRESS) Paul Realey Rick Hill Mo

20. FILED Jan 2 1937 James J. [Signature] Registrar.

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) James J. [Signature] M. D.
(Address) Rick Hill Mo

A. D. - Every item of information on this CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

