JAN 28 1937

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

Do not use this space.

43949

1. PLACE OF DEATH
County Caldwell — Registration District No. 99 — File No.
Township Grant — Primary Registration District No. 4061 — Registered No.
City Polo (No. , St. Ward)

2. FULL NAME Eliza Burdick
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Frank Burdick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) sept 6-1849

7. AGE: YEARS 87 — MONTHS 3 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
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. Housekeeper
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) Mo.

FATHER
13. NAME Pascal Early
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Cordelia Norris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) P. E. Burdick Polo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zimmerman DATE 12-20 1936

19. UNDERTAKER (ADDRESS) Alspaugh & Cowley Polo Mo

20. FILED Jan 2 1937 Mrs Nyle Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1924, to Dec 19, 1936
I last saw her alive on 12-17, 1936. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemoflegia (RT) 3 attacks	Oct 10-36

Other contributory causes of importance: Hypertensive Cardio Vascular disease with arteriosclerosis

Name of operation None 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) C H Wilson, M. D.
(Address) Polo Mo

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.