

FEB 16 1937

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

Do not use this space.

422

1. PLACE OF DEATH

County Callaway  
Township  
City Center City mo (No. )

Registration District No. 213  
Primary Registration District No. 5152

File No.  
Registered No. 1  
St. Ward

2. FULL NAME Ellen Burgett

(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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 - 16

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. House wife

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) cole co. mo.

13. NAME Edward Bunnan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph co mo

15. MAIDEN NAME Rebbach Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon co

17. INFORMANT Thomas Burgett (ADDRESS) Center City mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Vernon DATE Feb. 4<sup>th</sup> 1937

19. UNDERTAKER L. D. Haseliman (ADDRESS) J. E. mo.

20. FILED 2/13/37 1937 Arthur J. Ford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937, to Jan 31, 1937

I last saw her alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease of the Heart, Sudden Death Date of onset

Other contributory causes of importance: Arteriosclerosis, senescence

Name of operation Autopsy Date of Jan 31  
What test confirmed diagnosis Autopsy 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 Jan 31, 1937  
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) Jas. P. Hill, M.D.  
(Address) Jefferson ext 2nd

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.

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WOLF HUNT

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