

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.

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

Do not use this space.

**MAY 11 1937**

17219

1. PLACE OF DEATH  
 County Retha Registration District No. 168  
 Township \_\_\_\_\_ Primary Registration District No. 3232  
 City Sedalia (No. 2659, Thompson) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mildred Almida Bursingame  
 (a) Residence, No. 26th & Thompson 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. 122  
 Registered No. 668

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-37

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>2</u>	

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) Sedalia Mo.

13. NAME James Bursingame

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.

15. MAIDEN NAME Dorothy Diegaman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.

17. INFORMANT (ADDRESS) James Bursingame  
26th & Thompson

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 4-16-37

19. UNDERTAKER (ADDRESS) McLaughlin Bros  
Sedalia

20. FILED 4-16-37 Jean Slack Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937 to April 16, 1937  
 I last saw her alive on April 15, 1937. Death is said to have occurred on the date stated above, at 8-2.  
 The principal cause of death and related causes of importance were as follows:  
Stroke - Monotonous Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Premature birth

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) O. Swardley, M. D.  
 (Address) Sedalia Mo.

OCCUPATION FATHER MOTHER

