

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

Do not use this space.

100
4 JUL 31 1937

1. PLACE OF DEATH

County Scott
Township Chaffee
City Chaffee

Registration District No. 816
Primary Registration District No. 4492

File No. 25009
Registered No. 15

2. FULL NAME

(a) Residence, No. 112, Park 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Oct. 1927 11. Total time (years) spent in this occupation 53 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo

13. NAME Sanders Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sulphur Springs, Mo

15. MAIDEN NAME Mary Burgess

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo

17. INFORMANT (ADDRESS) Walter Burgess
Chaffee, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE June 7, 1937

19. UNDERTAKER (ADDRESS) J. C. Burdette
Chaffee, Mo

20. FILED 6/7 1937 W. D. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY That I attended deceased from May 25, 1937 to June 5, 1937

I last saw him alive on June 5, 1937. Death is said to have occurred on the date stated above, at 2⁰⁰ a.m.

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

Chronic Myocarditis -
Arteriosclerosis - heart disease

Other contributory causes of importance: Diabetes mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Joseph H. Needles, M. D.

(Address) Chaffee, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

