

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.

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

Do not use this space.

DEC 15 1937

1. PLACE OF DEATH

County Butler
Township Beaverdam
City (No.) (No.) (No.)

Registration District No. 87 1
Primary Registration District No. 5129

File No. 40770
Registered No. 63

2. FULL NAME Nancy Angelina Burpo

(a) Residence, No. 9 1/2 mi. W. Paplar Bluffs 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mark Burpo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>35</u>	<u>71</u>	<u>2</u>	<u>24</u>	

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

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) Williamson Co. Ill

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Clarence Burpo 2506 Paplar Bluffs

18. BURIAL, CREMATION, OR REMOVAL PLACE Bay Springs cem. DATE Nov 26 1937

19. UNDERTAKER (ADDRESS) N.T. Pheep Paplar Bluffs

20. FILED 11-36 1937 J.P. Sappington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1937, to Nov 25 1937

I last saw her alive on Nov 21 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

urine conc.

Date of onset usual year

Other contributory causes of importance Chronic nephritis hypertensive and myocardial degeneration

Name of operation none Date of
What test confirmed diagnosis? urine Was there an autopsy? yes

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) Franklin M. D.
(Address) W. Taylor

