

DEC 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County GreeneRegistration District No. 318Township SpringfieldPrimary Registration District No. 2001City Springfield(No. 773 N. National Ave.)File No. 41255Registered No. 1061

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George W. Burdette(a) Residence, No. Route 1 - Pleasant Hope

(Usual place of abode)

Ward \_\_\_\_\_

(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)

Emma Caroline Burdette

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

Nov 23 - 1848

7. AGE

88

YEARS

MONTHS

11

DAYS

15

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (ADDRESS)

20. FILED

## MEDICAL CERTIFICATE OF DEATH

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

Nov. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from

October 11 1937 to Nov 8 1937I last saw him alive on Nov 8 1937 Death is saidto have occurred on the date stated above, at 9 P. m.

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

Chronic Hypertensive  
cardio-vascular  
renal disease

Other contributory causes of importance:

Influenza

Name of operation \_\_\_\_\_

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) Arthur O. Smith M. D.(Address) 450 1/2 E. Canal

OCCUPATION

MOTHER FATHER

MOTHER FATHER

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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