

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

Do not use this space.

11524

1. PLACE OF DEATH
 County Monroe Registration District No. 582
 Township _____ Primary Registration District No. 4344
 City Paris, Missouri (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 11

2. FULL NAME MOLLIE F. BURGESS
 (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 30 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 PLEASANT S. BURGESS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 25 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
 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) MONROE Co. Mo.

MOTHER 13. NAME EGGAR STEELE

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

15. MAIDEN NAME N.K.

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

17. INFORMANT Pleasant S. Burgess (ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE MAY 25 1938

19. UNDERTAKER Speed & Kistner (ADDRESS) Paris, Missouri

20. FILED MAY 24 1938 W. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 23 1938
 22. I HEREBY CERTIFY, That I attended deceased from July 5 1937, to May 23 1938
 I last saw her alive on May 23 1938. Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset N.K.
 Other contributory causes of importance: Age
 Name of operation None 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) M. E. McManis M. D.
 (Address) _____

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

20M-2-16-36 I X7294

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.

MAY 21 1942