

REC'D JUN 8 1938

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

1.8048

Do not use this space.

## 1. PLACE OF DEATH

(a) County Clinton Registration District No. 204  
 (b) Township Shoal Primary Registration District No. 2013 Registered No. 28  
 (c) City Cameron (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Ellen Burg,

(a) Residence, No. Cameron St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Wm. Burg  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 3 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home.  
 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) Missouri  
 13. NAME Joe H. Early.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Nancy E. Robinson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT W R Burg (ADDRESS) Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE Packard DATE May 22, 1938

19. FUNERAL DIRECTOR J. W. Poland (ADDRESS) Cameron

20. FILED May 22, 1938 W. C. K. R. L. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1938 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1917, to May 20, 1938  
 I last saw h. alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 5.10 A. M.  
 The principal cause of death and related causes of importance were as follows:

Cardiac Hypertrophy Date of onset \_\_\_\_\_  
Bright's disease  
Chronic

Other contributory causes of importance: \_\_\_\_\_  
 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) W. C. K. R. L., M. D.

185 (Address) Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. V. Poland, Licensed Embalmer No. 895  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by A. H. Doole

L. E.  
No. \_\_\_\_\_ or by A. H. Doole, Registered Apprentice No. 99  
working under my personal supervision.

Signed J. V. Poland  
Licensed Embalmer No. 895

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**