

REG'D JAN 24 1938

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

Do not use this space.

43973

1. PLACE OF DEATH

75 County Oregon Registration District No. 436
Township Priney Primary Registration District No. 5844
City Priney (No. 3) St. Priney (Ward)

File No.

Registered No. 18

2. FULL NAME

John Hugo Burchardt
(a) Residence No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Martens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-23-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer (Mining)
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) Ill. 113. NAME John Hugo Burchardt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) E. Colm. Actor Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul, Ill. DATE 11-3819. UNDERTAKER (ADDRESS) Geo. Carr of Plain Mo.20. FILED 1/9 1938 Frank Bailey Registrar. 566

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1938, to Dec. 29, 1938I last saw him alive on Dec. 29, 1938. Death is said to have occurred on the date stated above, at 11 P.M.

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

Cancer of liver

Date of onset

7/38Other contributory causes of importance: Hb

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Dr. William M. Actor Mo., M. D.(Address) Actor Mo.

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.

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

MAY 19 1944

JUL 28 1950