

REC'D FEB-15 1939

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

3148

Do not use this space.

1. PLACE OF DEATH

(a) County Montana Registration District No. 577
(b) Township Relat. Area Primary Registration District No. 5775 Registered No. 1
(c) City (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 605 Charles Phillip Burlington 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE X 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angie Burlington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Miller Co Mo.13. NAME Dora Burlington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo.15. MAIDEN NAME Elizabeth Elliott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key17. INFORMANT (ADDRESS) Angie Burlington
California Mo18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Springton Mo 2/2 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellman Grieding
California Mo20. FILED 2-9 1939 Nadine Latham
Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 193922. I HEREBY CERTIFY That I attended deceased from March 18 38 to Jan 28 1939I last saw deceased alive on Jan 28 1939 Death is said to have occurred on the date stated above, at 4 A.M.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

apoplexy

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) K. J. Danvers D.O.(Address) California, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hugh E. Wellman

Licensed Embalmer No. 3597

P. O. Address California 77

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

If this body is not embalmed, above space should be left blank.