REC'D MAY 10 1939

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

13919
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 3 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1623
(c) City Kansas City (d) Street No. President Hotel 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.
645

2. PRINT FULL NAME Miss Nelle Pearl Burlingame
(a) Residence, No. St. Chanute Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1883

7. AGE: Years 55 Months 5 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Beauty operator
9. Industry or business in which work was done, as saw mill, bank, etc. in owner
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) Kansas

FATHER
13. NAME A. L. Burlingame
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Katherine Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Fred T. Benson Chanute Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE April 21 1939

19. FUNERAL DIRECTOR (NAME) D. N. Newcomer Sons (ADDRESS) Brunkeree + Paseo

20. FILED Apr 21 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 12 midnight
The principal cause of death and related causes of importance were as follows:
Morphine Poisoning
Suicide
16 hr

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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 Self administered Morphine
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Priscilla W. Fox, M. D.
(Address) Kansas City

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH INKPADDING 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.

I X14028

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.....Neil Carr.....

Licensed Embalmer No. 3976

P. O. Address.....

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

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