

1939

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

15893
Do not use this space.

1. PLACE OF DEATH Randolph 2
 (a) County Moore Registration District No. 735-
 (b) Township..... Primary Registration District No. 3034 Registered No. 85-
 (c) City Moabery (d) Street No. (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 Myrtle Elizabeth Burgess
 (a) Residence, No. 3723 Colquhoun St. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/24/1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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) Madison, Mo

13. NAME Alie Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo

15. MAIDEN NAME Carrie Dyckhouse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo

17. INFORMANT (ADDRESS) George Morgan
Moabery, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moabery, Mo DATE Apr 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Irwin Thompson
Madison, Mo

20. FILED Apr 20 1939 Peak Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1939 to 4-20 1939
 I last saw her alive on 4-20 1939 Death is said to have occurred on the date stated above, at 10 A.m.
 The principal cause of death and related causes of importance were as follows:
Valvular Heart Dis
121
 Other contributory causes of importance:
Ch. nephritis

Name of operation None Date of operation
 What test confirmed diagnosis? bleu sign 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) C. Smith, M. D.
 (Address) Moabery, Mo.

Date of onset
do not know
fresh

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.

RECEIVED

District Health Officer No. 10

District File Number 10 39-927

Date Filed MAY 18 1939

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. 1

working under my personal supervision.

Signed Freid A. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, Mo

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.