

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.

OCT 21 1936

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

Do not use this space.

35345

1. PLACE OF DEATH

County Ray Registration District No. 944 File No. _____
Township Richmond Primary Registration District No. 3035 Registered No. 97
City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME

Alex Burgess

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 I da Burgess
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1854
7. AGE YEARS 82 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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.
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) Ray CO

MOTHER FATHER
13. NAME John Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER FATHER
15. MAIDEN NAME Isabel Bevely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT Oscar Burgess
(ADDRESS) Richmond, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Sept 18, 1936

19. UNDERTAKER (ADDRESS) G. M. Farmer's

20. FILED 10-10 1936 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1936
I HEREBY CERTIFY, that I attended deceased from Jan 5, 1936 to Sept 16, 1936
I last saw him alive on Sept 15, 1936 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Myocardial Infarction?
Other contributory causes of importance:
Chronic Nephritis 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. Ex. 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) John J. Coors M. D.
(Address) Richmond Mo.

