

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

Do not use this space.

1. PLACE OF DEATH *MAY 31 1937*
 89 County Ray Registration District No. 744 File No. 17389
 6 Township Primary Registration District No. 2035 Registered No. 44
 4 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME Francois Louise 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 Fe	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) <u>Dec. 15, 1921</u>				
7. AGE	YEARS 16	MONTHS 3	DAYS 28	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School Girl</u>			
	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) <u>Richmond Mo.</u>				
FATHER	13. NAME <u>Oscar Burgess</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>			
MOTHER	15. MAIDEN NAME <u>Josie Griffing</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>Oscar Burgess</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond, Mo.</u> DATE <u>4-15-37</u> 19 <u>37</u>				
19. UNDERTAKER <u>C. M. Joiner</u> (ADDRESS) <u>Richmond, Mo.</u>				
20. FILED <u>5/10 1937</u> <u>Tharpe McDonald</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1937 to 4-13 1937
 I last saw her alive on 4-12 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Pericarditis Date of onset 4-5-37
108
 Other contributory causes of importance: Tuberc Pneumonia 3-2-37

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sty 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? _____
 If so, specify _____
 (Signed) Thos J. Lovel, M. D.
 (Address) Richmond 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.

