

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.

Do not use this space.

FILED MAY 13 1940

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

15895

1. PLACE OF DEATH

County Ray
Township Palmyra
City Rowan (No. _____)

Registration District No. 742
Primary Registration District No. 5977a

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Griffin Burgess
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 8 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

13. NAME John Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

15. MAIDEN NAME Stella Kessler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

17. INFORMANT (ADDRESS) John Burgess Rowan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Apr. 29 1940

19. UNDERTAKER (ADDRESS) German-Pritchard Rowan Mo.

20. FILED Apr. 29 1940 Edwin S. House Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 25 1940 to April 27 1940

I last saw him alive on April 27 1940. Death is said to have occurred on the date stated above, at 11:45 Am.

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

Influenza Acute Otitis Media (left)

Other contributory causes of importance: 118

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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 _____, 1940

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) Detlev Buchner, M. D.

(Address) 666

DATE SENT

5/9/40

ORDER NO. NUMBER

RECEIVED HEALTH OFFICE NO. 8

RECEIVED