

MAY 27 1927

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

Do not use this space.

12030

## 1. PLACE OF DEATH

County JacksonRegistration District No. 403Township BuckhornPrimary Registration District No. 5537City Waverly (No. \_\_\_\_\_)File No. 32

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maudie 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Unmarried5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Van Burgess6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1870

## 7. AGE

YEARS 56MONTHS 9DAYS 6

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Blue Springs(STATE OR COUNTRY) Missouri10. NAME OF FATHER John Chambers11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buckhorn(STATE OR COUNTRY) Missouri12. MAIDEN NAME OF MOTHER Addie13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buckhorn(STATE OR COUNTRY) Missouri14. INFORMANT Wallace Burgess(Address) Waverly Mo15. FILED 4-17-27 1927 W. W. Hobbs REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-16 192717. I HEREBY CERTIFY That I attended deceased from 1-3 1927, to 4-16 1927 that I last saw her alive on 4-15 1927, and that death occurred, on the date stated above, at 950 A.M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Pulmonary TuberculosisCONTRIBUTORY (SECONDARY) myocarditis18. WHERE WAS DISEASE CONTRACTED 21

NOT A PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Physician & Pathologist(Signed) W. W. Hobbs, M. D.  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Springs Mo DATE OF BURIAL April 18 19-2720. UNDERTAKER Oil & Grease ADDRESS Waverly 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.

