

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

Do not use this space.

19008

PLACE OF DEATH

County Pettis

Registration District No. 6.65

File No. _____

Township _____

Primary Registration District No. 30.32

Registered No. 1.65

City Sedalia (No. _____) _____ St. _____ Ward _____

2. FULL NAME Eliza J Burgess

(a) Residence. No. 804 W. Main St., _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1929

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

17. HEREBY CERTIFY, That I attended deceased from May 1, 1929 to May 20, 1929 that I last saw her alive on May 20, 1929 and that death occurred, on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 - 1839

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chrom. unexcited nephritis
+ Chrom. Bimbrants

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
90 3 9

18. WHERE WAS DISEASE CONTRACTED? 151
156R do not know (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

CONTRIBUTORY (SECONDARY) none (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Near Frankfort (STATE OR COUNTRY) Kentucky

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH do not know

10. NAME OF FATHER Richard Thuell

DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Chas. ... M. D.

12. MAIDEN NAME OF MOTHER Nancy Mason

new 1. 19 59 (Address) Sedalia Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

*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.

14. INFORMANT Mrs Opal Anderson (Address) Green Ridge mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia Brown Hill DATE OF BURIAL May 21 1929

15. FILED 5-26-29 J. I. Love REGISTRAR

20. UNDERTAKER L. L. Rease ADDRESS Green Ridge mo

