

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

Do not use this space.

34804

1. PLACE OF DEATH  
 County Jefferson Registration District No. 420 File No. \_\_\_\_\_  
 Township Wesato Primary Registration District No. 3022 Registered No. 81  
 City Wesato (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Allen Burgess  
 (a) Residence, No. 619 S. Third St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Almeda Burgio.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1858  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 2 4  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25 yrs.  
 10. Date deceased last worked at this occupation (month and year) not known etc. 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burnsville Mo.

FATHER  
 13. NAME Burgess  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER  
 15. MAIDEN NAME Not known.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) G. A. Burgess 710 Miller St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesato DATE Oct 12 1931

19. UNDERTAKER (ADDRESS) Richardson - Motherhead Wesato Mo.

20. FILED 10/10 1931 D. L. Rauply Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1931  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 9-14 1931  
 I last saw him alive on 9-14 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset about 1928  
131 131  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation Operation Date of \_\_\_\_\_  
 What test confirmed diagnosis? Microscopy Was there an autopsy? Yes

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) W. S. Talbot, M. D.  
 (Address) Wesato 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.

NOV 24 1931

