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

Do not use this space.

37227

File No. 9

Registered No. 9

1. PLACE OF DEATH
County: Cooper
Township:
City: Bunceton (No. ..... St. ..... Ward)
Registration District No. 219
Primary Registration District No. 4132

2. FULL NAME Hettie Burger
(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 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

REC'D 21 1931

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Burger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-29-49

7. AGE: Years 82 | Months 1 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER James Mc Killip
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Sarrah Judy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Sallie Hawkins
(Address) Bunceton MO

15. FILED Dec 9, 1931 Hattie Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Nov 1931, and that I last saw him alive on six months ago, and that death occurred, on the date stated above, at 6.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Debility
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? K
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) W. T. Reid, M. D.
, 19 (Address) Bunceton Mo.

*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: Bunceton Mo. | DATE OF BURIAL: 11-19-31, 19
20. UNDERTAKER: L.G. Parker Bunceton MO | ADDRESS

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD