

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

Do not use this space.

38292

**1. PLACE OF DEATH**

5 County Barry Registration District No. 29  
 Township Crane Creek Primary Registration District No. 5046  
 City Crane (No. R.F.D.# 1, St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. 82

**2. FULL NAME Wilma Burbridge**

(a) Residence, No. Crane no. P.F.D.# 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marvin Burbridge  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1907  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 1 17  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

MOTHER FATHER 13. NAME L. H. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER 15. MAIDEN NAME Alice Larkin

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT L. H. Wilson (ADDRESS) Crane no

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Cem DATE 12/26 1933

19. UNDERTAKER King Funeral Home (ADDRESS) Crane no

20. FILED Jan 1 1933 Mrs H. R. Williams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-24 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 10 1932 to Dec 24 1932  
 I last saw her alive on 12-24 1932 Death is said to have occurred on the date stated above, at 9:45 m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1928  
7 3/4  
23  
 Other contributory causes of importance:

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

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) P. W. Sward M. D.  
 (Address) Crane no

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 21 1933

