

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph,

Registration District No. 86
Primary Registration District No. 5727
(No. Buchanan County Infirmary)

File No. 11305
Registered No. 16
Ward

2. FULL NAME

Henry Burgher

(a) Residence, No. County Infirmary St. _____ Ward.

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 4. 1854.

7. AGE YEARS 82 MONTHS 10 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Records County Infirmary St. Joseph, Mo. R F D 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery St. Joseph, Mo. DATE March. 10. 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son 1802 Union Str St. Joseph, Mo.

20. FILED Mar. 9. 1937 B. H. Tadlock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March. 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to March 8, 1937. Last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 11/30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset _____
Other contributory causes of importance: no facts

Name of operation none Date of _____
What test confirmed diagnosis? clin. Med. Was there an autopsy? no

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 _____
Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) Joseph Thomas M. D.
(Address) 731 Jackson

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.

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