

DEC 2 11 1937

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

Do not use this space.

41726

## 1. PLACE OF DEATH

County Lafayette  
Township Washington  
City Delissa Mo. (No. ....)

Registration District No. 464  
Primary Registration District No. 4227

File No. 18  
Registered No. 41  
St. .... Ward)

## 2. FULL NAME

Clarence Otmer Burge

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 4 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

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) 3 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

13. NAME William Burge

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

15. MAIDEN NAME Livina Chambers

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

17. INFORMANT (ADDRESS) Alvan Burge  
Delissa Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Delissa Mo. DATE Nov-14-1937

19. UNDERTAKER (ADDRESS) Bliven Tano  
Delissa Mo.

20. FILED Nov-13 1937 Mrs E. M. Godwin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1937

22. I HEREBY CERTIFY That I attended deceased from July 1 1937 to Nov 11 1937

I last saw him alive on Nov 11 1937 Death is said to have occurred on the date stated above, at 2:00 pm

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

A complication of  
Prostate  
Bladder

Other contributory causes of importance:

23. Name of operation Clinical Date of 70

What test confirmed diagnosis 70 Was there an autopsy? 70

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? 70

If so, specify 70

(Signed) R. E. Healey, M. D.

(Address) Delissa Mo.

51

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

41726  
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 464  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4277 Registered No. \_\_\_\_\_  
 (c) City Odessa (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clarence Otmer Burge  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 4 4

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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)

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11/12 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 19\_\_ to \_\_\_\_\_, 19\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Carcinoma of bladder prostate  
prostate was primary seat.  
 Other contributory causes of importance:

Name of operation \_\_\_\_\_ 51 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) R. C. Schooley, M. D.

(Address) \_\_\_\_\_

