REC'D APR 21 1938

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

Do not use this space.

11044

49 1. PLACE OF DEATH
County Jasper
Township
City Carl Junction (No. St. 2 Ward)

Registration District No. 406
Primary Registration District No. 4240

File No.
Registered No. 11

2. FULL NAME John H. Burgess 622.
(a) Residence, No. 507 S. Main St., 2 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs Louvenie Burgess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1872

7. AGE: YEARS 65 MONTHS 5 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman Coal Chute operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Co.
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) Missouri 0

FATHER
13. NAME John Burgess 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Minerva Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lloyd Burgess Carl Junction, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Mo DATE Apr. 15 1938

19. UNDERTAKER (ADDRESS) Wet City Und Co. Wet City, Mo

20. FILED Apr 12 1938 C W Roney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on April 11, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m. 4/11/38
The principal cause of death and related causes of importance were as follows:

Heart Black

Date of onset

Other contributory causes of importance: —

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? Investigation

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) A. N. Winchester, Coroner, M. D.
(Address) Joplin, Mo.

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WHITE 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.

See affidavit in misc file D # 70 - 1938