

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D MAY 10 1938

15418

1. PLACE OF DEATH

County Monroe
Township Benton
City (No.) (St.) (Ward)

Registration District No. 609
Primary Registration District No. 5809

File No.
Registered No. 95

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Andrew F. Burge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31, 1862

7. AGE YEARS 75 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Missouri

13. NAME Mattison Buckingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) You know Penn.

15. MAIDEN NAME Elizabeth Spence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) You know Penn.

17. INFORMANT Fred Burge
(ADDRESS) Resno Mo #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Indian Spgs. Tenn DATE 3-13-38 1938

19. UNDERTAKER Barley Thompson
(ADDRESS) Resno Mo.

20. FILED 4-30-38 19. Malasale
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast (9) Date of onset

Other contributory causes of importance: 50-

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) O. Campbell, M. D.
(Address) St. Louis Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S NAME should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

