

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

Do not use this space.

REC'D JUL 7 1938

1. PLACE OF DEATH

County Cass

Registration District No. 156

Township

Primary Registration District No. 4090

City Harrisville

(No. 306 Green St. Ward)

File No. 21561

Registered No. 40

2. FULL NAME

(a) Residence, No. 306 Green St., Ward. 625

(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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1885

7. AGE YEARS 53 MONTHS 08 DAYS 17 If LESS than 1 day,hra. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Harrisville (STATE OR COUNTRY) Mo

13. NAME Joseph Burgoon

14. BIRTHPLACE (CITY OR TOWN) Katten Co (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Christina Kingmaid

16. BIRTHPLACE (CITY OR TOWN) San Francisco (STATE OR COUNTRY) Calif

17. INFORMANT Kattie May Burgoon wife (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Beaulieu DATE June 16 38

19. UNDERTAKER Atkinson Bros (ADDRESS)

20. FILED June 16 38 Beaulieu Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 7, 1938, to June 17, 1938.

I last saw him alive on June 17, 1938. Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Uremia
acute insufficiency
anuria, catheter of
bliver, edema of lungs

Date of onset 4-5 yrs

Other contributory causes of importance: 124 lbs

Name of operation no Date of

What test confirmed diagnosis? 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Beaulieu Mo M. D.

(Address) Harrisville, Mo

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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