

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

**25856**  
 Do not use this space.

DEAD AUG 25 1938

**1. PLACE OF DEATH**

(a) County Livingston Registration District No. 1076  
 (b) Township Fairview Primary Registration District No. 5680  
 (c) City Avalon, Mo. (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** Mable Rose Burgard

(a) Residence, No. 12 1/2 miles SE Chillicothe 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Livingston County  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME George W. Purcell

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

MOTHER 15. MAIDEN NAME Mary A. Paris

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

17. INFORMANT Donald G. Burgard  
 (ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon DATE 8-3 1938

19. FUNERAL DIRECTOR F. B. Norman  
 (ADDRESS) Chillicothe, Missouri

20. FILED Aug 3 1938 Mrs. Chas. Ludwig  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 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 \_\_\_\_\_ m.

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

Death resulted from gunshot wound in forehead from the hands of person or persons unknown.

Date of onset

Other contributory causes of importance: 173-

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Homicide Date of injury 7-31, 1938  
 Where did injury occur? Fairview Township  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot wound  
 Nature of injury Course-Central forehead to left, anterior temporal region

24. Was disease of injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. Ludwig, M. D.  
 (Address) Chillicothe, 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.

STATEMENT BY LICENSED EMBALMER

I, Elton F. Norman, Licensed Embalmer No. 4036

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. R. Norman

L. E.

No. 2374 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Elton F. Norman

Licensed Embalmer No. 4036

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**