

DEC 13 1938

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

40224
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois 2 Registration District No. 773
 (b) Township 1 Primary Registration District No. 4464 Registered No. 154
 (c) City Farmington (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 Mrs. Minnie Ida Burgess
 (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 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 Elza Burgess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>72</u>	<u>6</u>	<u>28</u>	

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 1938

I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to Oct 15, 1938
 I last saw her alive on Dec 5, 1938. Death is said to have occurred on the date stated above, at 120 P. m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: 22'

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Co. Mo.

FATHER

13. NAME Charles H. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 6

MOTHER

15. MAIDEN NAME Caroline Faulkner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee, 1

17. INFORMANT (ADDRESS) Mrs. Jennie Thurst
St. Genevieve, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home of Burgess Country DATE 11-18 1938

19. FUNERAL DIRECTOR (ADDRESS) Needles Used Co.
Farmington, Mo

20. FILED Nov 18, 1938 J. B. Robinson
Local Registrar.

Name of operation Chinical Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 22'

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 R. O. Heberly, M. D.
 (Signed) _____ (Address) Farmington, Mo

WRITE 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.

1 X12064

STATEMENT BY LICENSED EMBALMER

I, C. J. Flayd, Licensed Embalmer No. 3527

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed C. J. Flayd
Registered Apprentice No. Student and Co
Licensed Embalmer No. 3527

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.)