

RECD FEB 9 1939

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

3538
Do not use this space.

1. PLACE OF DEATH
(a) County Pike Registration District No. 683-
(b) Township Calumet Primary Registration District No. 5909A Registered No. 4
(c) City _____ (d) Street No. _____ (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 Laura Ball Burbridge
(a) Residence, No. _____ St. Pike County (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Burbridge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 of 1868
7. AGE YEARS 70 MONTHS 8 DAYS 25 IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) (STATE OR COUNTRY) Pike Co. Mo.
FATHER 13. NAME John Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
MOTHER 15. MAIDEN NAME Eliza Rosenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Guy Burbridge (ADDRESS) Clarksville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Buffalo Cemetery DATE Jan 20 1939
19. FUNERAL DIRECTOR (NAME) M. A. Hudson (ADDRESS) Clarksville Mo
20. FILED Jan 20 1939 W. H. Traubay Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1939, to Jan 14, 1939. I last saw her alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 2 A m. The principal cause of death and related causes of importance were as follows:
Pneumonia, double labor
Date of onset Jan 7-39
Other contributory causes of importance: _____
Name of operation _____ 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) E. M. Bartlett, M. D.
(Address) Clarksville, Missouri

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Harold Garner

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Harold Garner

Licensed Embalmer No. _____

3720

P. O. Address _____

Louisiana Mo

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.)

If this body is not embalmed, above space should be left blank.