

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

28839
Do not use this space.

DECD SEP 15 1939

1. PLACE OF DEATH Cass 2
 (a) County Index 1 Registration District No. 1545
 (b) Townshp Index Primary Registration District No. 4088 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 31 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 635 Thomas Henry Burden
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sarah Jane Burden (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1863
 7. AGE YEARS 75 MONTHS 11 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Kansas
 FATHER 13. NAME James Burden
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 MOTHER 15. MAIDEN NAME Georgia Ann Duncan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT J. O. Burden (ADDRESS) Centerview. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Duncan Cemetery DATE July 18, 1939
 19. FUNERAL DIRECTOR (NAME) T. W. GOODMAN (ADDRESS) Holden Missouri
 20. FILED July 29 1939 Leadbetter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939, to July 16, 1939. I last saw him alive on July 16, 1939. Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 7/13/39
104
 Other contributory causes of importance:
Cerebral Hemorrhage 11/38
 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) W. Beckman, M. D.
 (Address) Strasburg 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.

1 X18605

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, or by.....

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

Signed.....

Licensed Embalmer No. 2424

P. O. Address Holden 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.