

NOV 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36753

1. PLACE OF DEATH

County MonteauRegistration District No. 541Township CaliforniaPrimary Registration District No. 4335City California

File No.

Registered No. 66

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(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 Male 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 Goldia Lee Burger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 26 1878

7. AGE YEARS 57 MONTHS 59 DAYS 6 18 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) Nov 10 1935 11. Total time (years) spent in this occupation 45

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

13. NAME Frank Burger

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

15. MAIDEN NAME Hutcheon

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

17. INFORMANT Mrs. Goldia Lee Burger (ADDRESS) California Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crem Hill DATE Nov. 10 1935

19. UNDERTAKER J. W. Wihan & Son (ADDRESS) California Mo.

20. FILED 11-10-1935 H. R. Popejoy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1935 to Nov 8 1935

I last saw him alive on Nov 8 1935 Death is said to have occurred on the date stated above, at 9:22 a.m.

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

Volvulus
acute intestinal obstruction, ileum
cause unknown.

Other contributory causes of importance broncho pneumonia

Name of operation Laparotomy Date of 11-6-35

What test confirmed diagnosis apostha 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 L. L. Latham

(Signed) L. L. Latham M. D.

(Address) California 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.

