

REC'D FEB-15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3148

Do not use this space.

1. PLACE OF DEATH

(a) County Montana Registration District No. 577
 (b) Township Bellevue Primary Registration District No. 577.5 Registered No. 1
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U.S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE X 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Angie Burlingame

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1874

7. AGE YEARS 64 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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) Miller Co Mo.13. NAME Dora Burlingame14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo.15. MAIDEN NAME Elizabeth Elliott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key17. INFORMANT (ADDRESS) Angie Burlingame18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton DATE 2/219. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellman & Grieding20. FILED 2-9 1939 Nadine Latham Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 193922. I HEREBY CERTIFY That I attended deceased from March 18 38 to Jan. 28 1939I last saw him alive on Jan. 28 1939 Death is said to have occurred on the date stated above, at 4 A.M.

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

ArteriosclerosisOther contributory causes of importance: apoplexy

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

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 _____

(Signed) H. J. Danvers S.O.(Address) California, Mo.

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 Hugh E. Williams
Licensed Embalmer No. 3597
P. O. Address California 77

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

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