

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JAN 17 1936

40362

1. PLACE OF DEATH

County Moniteau
Township Walker
City California (No. 5769)

Registration District No. 571
Primary Registration District No. 5769

File No. 76
Registered No. 76
St. California Ward 76

2. FULL NAME

Harold Gale Burlingame

(a) Residence, No. 571 St. California Ward 76

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1925

7. AGE YEARS 10 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Moniteau Co (STATE OR COUNTRY)

13. NAME Thomas Burlingame

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

15. MAIDEN NAME Angelina Brewitt

16. BIRTHPLACE (CITY OR TOWN) Miller Co Mo (STATE OR COUNTRY)

17. INFORMANT Thomas Burlingame (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dappington cum DATE 12/20 1935

19. UNDERTAKER Willipson & Friedmeyer (ADDRESS) California Mo

20. FILED 12-20 1935 A.R. Poppey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-13- 1935, to 12-19- 1935

I last saw him alive on 12-19- 1935 Death is said to have occurred on the date stated above, at 5 P m.

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

Scarlet-Fever Date of onset

Other contributory causes of importance: Very poor throat Stye.

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) A.R. Poppey M. D.

(Address) California Mo

