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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.

00036
1927
9.8

1. PLACE OF DEATH

County Madison
Township Moreau
City Windsor (No. _____)

Registration District No. 214
Primary Registration District No. 5994

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ruth E Burlingame
(a) Residence. No. Windsor Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 23 mos. _____ ds. _____ How long in U.S. of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

June 20 - 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.
or _____ min.

22

9

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Waitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Fred Hawkey

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Eldon Mo.

10. NAME OF FATHER

H. E. Burlingame

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

California Mo.

12. MAIDEN NAME OF MOTHER

Obra DeFor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

High Point Mo.

14.

INFORMANT

(Address)

H. E. Burlingame
Russellville Mo.

15.

FILED

Apr 25 1927

Hugh L Conley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 21 - 1927

I HEREBY CERTIFY that I attended deceased from _____

to _____, 19____, and that death occurred on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Drowning
183

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

L. H. Hathaway

M. D.

3-21-1927 (Address) Windsor Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Dr. T. T. (Pine)

Mar. 25 1927

20. UNDERTAKER

ADDRESS

H. M. Stephens

Russellville Mo.

