

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Wether
City California (No.)

Registration District No. 57
Primary Registration District No. 4335

File No. 17474
Registered No. 21 Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9

OCCUPATION

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) (STATE OR COUNTRY) California

MOTHER FATHER 13. NAME Wilbur Burdwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau MO

15. MAIDEN NAME May Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau MO

17. INFORMANT Wilbur Burdwell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE California DATE May 25 1924

19. UNDERTAKER J. W. ... (ADDRESS) California

20. FILED 5-27-1924 H. R. Pogany Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-1924

22. I HEREBY CERTIFY, That I attended deceased from 5-20-1924, to 5-26-1924. I last saw him alive on 5-23-1924. Death is said to have occurred on the date stated above, at 11 P m.

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

Patulous Prognathism
Asphyxia

Date of onset

Other contributory causes of importance:

Name of operation Tomy Date of ...
What test confirmed diagnosis? Physical 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 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?
If so, specify
(Signed) H. R. Pogany M. D.
(Address) California

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.

JUN 23 1924

