

FEB 27 1934

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

Do not use this space.

1909

1. PLACE OF DEATH

County Moniteau Registration District No. 1095-1
Township Moreau Primary Registration District No. 4336
City Clarksburg, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Effie B. Birdsong

(a) Residence, No. Clarksburg, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Thomas Birdsong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1871.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 29.

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

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) Morgan Co Missouri

13. NAME John Swinford

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

15. MAIDEN NAME Laura Davidson

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

17. INFORMANT (ADDRESS) Thomas Birdsong Clarksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksburg Mo. DATE July 25, 1934

19. UNDERTAKER (ADDRESS) Max W. Smith Clarksburg Mo.

20. FILED Jan. 24, 1934 J. L. Martin Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1934 to 1-24, 1934
I last saw her alive on 1-24, 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

General paralysis

Date of onset

Other contributory causes of importance:

Acute indigestion

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 _____, 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 _____

(Signed) P. C. Harris, M. D.

(Address) Clarksburg, Mo.



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

1909

Monte...

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Effie B. Burdson
Who died at _____ on Jan 24 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 62 Months 6 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: General paralysis
Hemiplegia

Other contributory causes of importance ac Indigestion
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar J. C. Martin

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 1095

Primary Reg. Dist. No. 4335

E. T. McGaugh
Special Agent.

Special Agent.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

WASHINGTON

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

6/2/50

3

[Illegible handwritten notes]

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