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.

2 11

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

File No. 8371

Registered No. 1822

B. 15271

2. FULL NAME Walter Burgess

(a) Residence, No. 3315 Commonwealth St. 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1873

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	10	7	

OCCUPATION

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

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) North Carolina

FATHER

13. NAME Gilham Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Amanda / Dycus

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Farmington Mo. DATE 2-10 19 37

19. UNDERTAKER (ADDRESS) Jay B. Smith & Funeral Home 3745 Manchester

20. FILED FEB 11 19 37 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/20/37, 19..., to 2/8/37, 19...

I last saw him alive on 2/8/37, 19..... Death is said to have occurred on the date stated above, at 7a m.

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

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Lung abscess

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? .....

If so, specify .....

(Signed) A. Kentwood, M. D.

(Address) City Hospital No.1

1822

1822