

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

Do not use this space.

17794

1. PLACE OF DEATH

County Henry
Township Wellborn
City..... (No..... St..... Ward)

Registration District No. 311
Primary Registration District No. 31433

File No.....
Registered No.....

2. FULL NAME

Mrs Nancy J Burgess

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

Length of residence in city or town where death occurred 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) Widow

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

Widow of E Burgess Dec

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28-1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	85	1	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Reverly E Mahoney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Phoeby Ornal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT George E Burgess
(Address) Albany Mo

15. FILED June 19 29 W Wellborn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1929

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1929, to May 12, 1929, that I last saw her alive on May 9, 1929, and that death occurred, on the date stated above at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CH Aortic Stenosis
75

(duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) C. J. Bray, M.D.

, 19 (Address) Albany Mo

*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

Grand View Cemetery May 14 1929

20. UNDERTAKER ADDRESS

W R Shockey Albany

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. 29 1929 2235 2 2 2 2

12/21/1911

11/11/1911

11/11/1911

11/11/1911

11

11