

Anne Burgess  
d. 6 Apr. 1912  
b. 1849  
Tipperary, Ire.  
P: John Egan  
m: Nellie Ryan

V. B. NO. 2.

MARGIN RESERVED FOR BINDING

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.

PLACE OF DEATH				MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County _____				Registration District No. _____			
Township _____				File No. _____			
Village _____				Registered No. _____			
City _____				Ward _____			
Full Name _____				Date of Death _____			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
SEX Female	COLOR OR RACE White	SINGLE, MARRIED, OR DIVORCED (Write the word)	Wid.	DATE OF DEATH April 6, 1912	I HEREBY CERTIFY, that I attended deceased from _____ to _____, 1912, and that death occurred, on the date stated above, at _____ m.		
DATE OF BIRTH April 18, 1849	AGE 63 yrs. 6 mos. 18 ds.			The CAUSE OF DEATH* was as follows: Cerebral softening			
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Housekeeper			Contributory (Secondary) _____			
BIRTHPLACE (City or town, State or foreign country)	Tipperary, Ireland			(Signed) _____			
NAME OF FATHER	John Egan			(Duration) _____			
BIRTHPLACE OF FATHER (City or town, State or foreign country)	Ireland			(Signed) _____			
MAIDEN NAME OF MOTHER	Nellie Egan			(Duration) _____			
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Ireland			(Signed) _____			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____				*State the Disease, Cause, Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.			
(ADDRESS) _____				LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS, OR RECENT RESIDENTS): At place of death _____ yrs. 6 mos. 18 ds. in the State _____ yrs. _____ mos. _____ ds.			
Filed APR - 8 1912				Where was disease contracted if not at place of death? _____			
REGISTRATION DISTRICT				Former or usual residence _____			
PLACE OF BURIAL OR REMOVAL				DATE OF BURIAL			
Cemetery				April 12, 1912			
ADDRESS				_____			