

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

Do not use this space.

*Little 7723<sup>a</sup>*

**1. PLACE OF DEATH**

County Douglas  
Township Cass  
City                      (No.                     )

Registration District No. 276  
Primary Registration District No. 5388

File No.                       
Registered No. 10  
St.                      Ward                     

**2. FULL NAME**

(a) Residence No.                      St.                      Ward                     

(Usual place of abode)

(If nonresident give city or town and State)

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**

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)**

Nov 16 1855

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day,                      hrs. or                      min.

72

4

10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Douglas Co.

(STATE OR COUNTRY)

Mo.

**10. NAME OF FATHER**

Joseph Burrie

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ind

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

unknown

**14.**

INFORMANT  
(Address)

Henry Burrie  
Northwood Mo.

**15.**

FILED

Sept 18 1937 Ethel Sutherland  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar. 26 1927

**17.**

I HEREBY CERTIFY, That I attended deceased from

3/16, 1927, to 3/26, 1927  
that I last saw him/her alive on 3/26, 1927, and that death occurred, on the date stated above, at                      A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS

Inflammation of bowels

(duration)                      yrs.                      mos.                      da.

**CONTRIBUTORY**

(SECONDARY)

(duration)                      yrs.                      mos.                      da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH,                     

DID AN OPERATION PRECEDE DEATH?                      DATE OF                     

WAS THERE AN AUTOPSY?                     

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. Little, M. D.

, 19                      (Address) Northwood 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

Livingston Cemetery

3/27 1927

**20. UNDERTAKER**

ADDRESS

None

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.

1. The first part of the document is a letter from the President of the United States to the President of the Republic of China, dated January 1, 1955. The letter is signed by Dwight D. Eisenhower and is addressed to Chiang Kai-shek. The letter discusses the relationship between the United States and the Republic of China, and the importance of the Republic of China in the Pacific region. The letter also mentions the recent visit of the President of the Republic of China to the United States, and the President's appreciation for the Republic of China's contribution to the United Nations.

his Death Certificate  
has been filed  
since March 26, 1927  
Dr. Cannon has just  
reported cause of death

S(2)-7723A

**ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.**

Information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Excluded content is 000.

File No. ....  
Registered No. .... 10 .....  
St. .... Ward .....

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

| Length of residence in city or town where death occurred |      |     | How long in U.S., if of foreign birth? |      |     |
|----------------------------------------------------------|------|-----|----------------------------------------|------|-----|
| Yrs.                                                     | Mos. | ds. | Yrs.                                   | Mos. | ds. |
|                                                          |      |     |                                        |      |     |

## MEDICAL CERTIFICATE OF DEATH

FORCED (

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/11/1953

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 |
|--------|-------|--------|------|----------------|
|        |       |        |      |                |

If LESS than 1  
day, .....hrs  
.....min.

10

## (c) Name of employer

(STATE OR COUNTRY)

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

INFORMANT  
(Address)

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

Mar 26 1927

17

I HEREBY CERTIFY, That I attended decreased from.....

that I last saw him....., 19....., and the  
death occurred on the date of..... at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Information of bowels

Wrong dict -

~~CONTRIBUTORY~~  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

**DID AN OPERATION PRECEDE DEATH?..... DATE OF.....**

**WAS THERE AN AUTOPSY?**.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.  
 . 19 (Address)

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

## 20. UNDERTAKER

ADDRESS

19

**REGISTRATION**

S(2)-7723A