1928

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

Do not use this space.

File No. 13680

Registered No. 12

1. PLACE OF DEATH

County: Jasper — Registration District No. 405

Township: — Primary Registration District No. 4239

City: Alba (No. ..... St. ..... Ward)

2. FULL NAME William G. Burroughs

(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 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer): Lead + Zinc
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kendall Co.
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: John S. Burroughs
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Sarah Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ohio.

14. INFORMANT: Mrs. Francis Price
(Address): Alba, Mo.

15. FILED 4-21-1928 Effie Green
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to April 20, 1928, that I last saw h... alive on April 20, 1928, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dilatation of heart
C.O.D.
45
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) J. M. Henry, M. D.
4/21, 1928 (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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Purcell Cemetery	4/22 1928
20. UNDERTAKER	**ADDRESS**
Webb City Und. Co.	Webb City

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.