

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

Do not use this space.

1928

14026

1. PLACE OF DEATH

County Madison
Township Lucasville
City (No.) (St.) (Ward ..)

Registration District No. 538
Primary Registration District No. 6724

File No.
Registered No.

2. FULL NAME

William J. Burnley

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Burnley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 8 | 15

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) Madison Co.
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Burnley

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

12. MAIDEN NAME OF MOTHER Sarah J. Shays

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

14. INFORMANT Alice Burnley
(Address) Mill Creek mo

15. FILED 10. 20. 1928 C. U. Webb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1928, to Apr 2, 1928 that I last saw him alive on Apr 1, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? HB

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Ed. Myers, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Family Cemetery DATE OF BURIAL Apr 3 1928

20. UNDERTAKER Ed. H. Webb Frederick Tamm

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.

JUN 1

