

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

Do not use this space.

16100

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**

County Bollinger  
Township Franklin  
City Luteterville (No. ....)

Registration District No. 66  
Primary Registration District No. 5701  
4038

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Ephraim Burr

(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 6 3

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) Farming  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo

10. NAME OF FATHER James Burr

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

12. MAIDEN NAME OF MOTHER Dont How

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

14. INFORMANT Olcar Burr  
(Address) Luteterville. Mo.

15. FILED 6/1 28 J. J. Chandler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1928

17. I HEREBY CERTIFY, That I attended deceased from 5/22, 1928, to 5/25, 1928, that I last saw him.. alive on 5/25, 1928, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris

CONTRIBUTORY (SECONDARY) 89 (duration) yrs. mos. da.

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.....  
(Signed) E. B. Farnar, M. D.  
, 19 (Address) Luteterville

\*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 pin Hook DATE OF BURIAL May 26 1928

20. UNDERTAKER A. J. Baker ADDRESS Luteterville

