

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

Do not use this space.

32523

1. PLACE OF DEATH

County Mo. -Registration District No. 18File No. 4Township MarionPrimary Registration District No. 6139Registered No. 10City Calvert (No.) St. Ward 1

2. FULL NAME

Martha Jane 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 42 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

Winton Burr6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1853-12-28

7. AGE:

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74817

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Va.
(STATE OR COUNTRY)10. NAME OF FATHER W. H. Caylor11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Margie13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)14. INFORMANT A. D. Burr
(Address) Calvert Mo.

15.

FILED 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1925I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Sept 15, 1925 that I last saw her alive on Sept 14, 1925, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis1921 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST, CONFIRMED DIAGNOSIS

(Signed) P. P. Hubbard, M. D.Sept 17, 1925 (Address) Calvert 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

WoodSept 16 1925

20. UNDERTAKER

ADDRESS

Caylor & Veltch
Calvert

WRITE PLAINLY, WITH INK--THIS IS A PERMANENT RECORD

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.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Texas Registration District No. 18 File No. 4
 Township Morris Primary Registration District No. 639 Registered No. 10
 City (No. St. Ward)

2. FULL NAME Martha Jane Burr
 (a) Residence No. St. Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 17

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

9. BIRTHPLACE (CITY OR TOWN) Washington, D.C.
 (STATE OR COUNTRY) U.S.

10. NAME OF FATHER M. Taylor

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

12. MAIDEN NAME OF MOTHER Mary Tingle 9-11-1928 (Address) Simmons MO

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

14. INFORMANT A. L. Burr
 (Address) cabool mo

15. FILED 9.21.28 to St. Francis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 15 1928 to Sept 15 1928 that I last saw him here on Sept 14 1928, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis

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) R. P. Hubbard M. D.
 (Address) Simmons 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 Wood Cemetery DATE OF BURIAL 9-16 1928

20. UNDERTAKER Gaylord V. Colliott ADDRESS cabool mo

UNFAD
 INFORMATION should be completed. AGE should be stated EXACTLY. PHYSICIANS should state occupation in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 RECEIVERS SHALL NOT RECEIVE A FEE FOR THIS CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

STATEMENT

S-322523