

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

Do not use this space.

33192-A

1. PLACE OF DEATH

County Daut
Township Washburn
City Washburn (No.)

Registration District No. 271
Primary Registration District No. 3378

File No.
Registered No. 7
St. Ward

2. FULL NAME

Billie L. Amburn

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) June 22 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salem
(STATE OR COUNTRY)

10. NAME OF FATHER Elmer Amburn

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

12. MAIDEN NAME OF MOTHER Edith Busick

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

14. INFORMANT Alia Busick
(Address) Salem Mo

OCT 29 1920
FILED 19

FW Carney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , and that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scalded by Laundry
in tub of hot water
181

10614 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1977 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH DATE OF

20. WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. G. Hilkey, Coroner, M. D.
, 19 (Address) Salem 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 Bethel Cemetery DATE OF BURIAL Oct 20 1928

20. UNDERTAKER J. T. Callahan ADDRESS Salem

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.

