

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

Do not use this space.

41809

File No. 661
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH

County New Madrid
 Township _____
 City _____ (No. _____)

Registration District No. 604
 Primary Registration District No. 5502
4-358

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9, 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Dec 9, 1928, that I last saw him alive on Dec 9, 1928, and that death occurred, on the date stated above, at 2-30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) no record 1863

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS 65 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

Amnesia - hemorrhage of Brain
due to rupture of artery -
"Clotting" in brain stem
 (duration) _____ yrs. _____ mos. _____ da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) no then given
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 1877
 (duration) 8 1/2 yrs. yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) New Madrid Mo
 (STATE OR COUNTRY)

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

10. NAME OF FATHER Richard Burns

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Mary X X

WHAT TEST CONFIRMED DIAGNOSIS? W.L. Brown
 (Signed) _____, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

12/11/1928 (Address) New Madrid Mo

14. INFORMANT Mary Burns
 (Address) New Madrid

19. PLACE OF BURIAL, CREMATION, OR REMOVAL East Side Cem. DATE OF BURIAL 12-11 1928

15. FILED 12/11/1928 W. J. Barron
 REGISTRAR

20. UNDERTAKER Richardson, Co ADDRESS New Madrid

Exact statement of OCCUPATION is very important.

