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

Do not use this space.

189

1. PLACE OF DEATH
County: Boone
Township: Cedar
City: ~~Columbia~~ (No. ..... St. ..... Ward)
Registration District No.: 71
Primary Registration District No.: 5110 A
File No.: .....
Registered No.: 5

2. FULL NAME: Mirtie Caroline Burnham
(a) Residence. No. #2 Ashland St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
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: Curtis Andrew Burnham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 1 - 1881

7. AGE: Years 47 | Months 2 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ~~Farmer~~ Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: Appolis Daniel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Agnes Daniel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: R. N. Bullard
(Address): Ashland Mo.

15. FILED Jan 8, 1929. A. I. Nichols M.N. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929, to Jan. 7, 1929, that I last saw her alive on Jan. 7, 1929, and that death occurred, on the date stated above, at six p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
IIA Pneumonia
109A
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. ..... ds.

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? Stethoscopic
(Signed) Louis A. Forbis D.C. ~~M.D.~~
Jan 8, 1929 (Address) Ashland 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: New Liberty
DATE OF BURIAL: Jan. 9th 1929
20. UNDERTAKER: R. O. Willett
ADDRESS: Columbia Mo

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.

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