FEB 18 1930

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

Do not use this space. Dr. Beatie

File No. 834

Registered No. 85

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield, Mo. (No. 818 E. Belmont St. St. Ward)

2. FULL NAME Mrs. Clarenda C. Burrows

(a) Residence. No. 772 N. Blvd. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED — ~~HUSBAND OF~~ (OR) WIFE OF: Edwin R. Burrows (Dec.)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25, 1831

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98	11	3	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Hoarce Chapin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mass.
12. MAIDEN NAME OF MOTHER Briggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mass.

14. INFORMANT Mrs. Enola Turner
(Address) Springfield, Mo.

15. FILED 1-29 1930 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1930, to Jan 28 1930, that I last saw her alive on Jan 28 1930, and that death occurred on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
186A
194B
189 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fall & Injury to hip (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?
(Signed) William R. Beatie, M. D
1/30, 1930 (Address) 530 Medical Arts Bldg

*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: Maple Park — DATE OF BURIAL: Jan. 31, 1930

20. UNDERTAKER: Alma Lahmeyer Funeral Home — ADDRESS: Springfield Missouri