

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

Do not use this space.

996

1. PLACE OF DEATH

County Jackson
Township Bluff
City Independence (No. Sanitarium)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 23
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward. Odessa, Mo.
(Usual place of abode)

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 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) July 5, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>28</u>	<u>5</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(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) West Virginia

10. NAME OF FATHER C. W. Burr

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

12. MAIDEN NAME OF MOTHER Linda Spear

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

14. INFORMANT C. W. Burr
(Address) Odessa, Mo.

15. FILED 1-17-30 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 1-17-1930 and that death occurred, on the date stated above, at 1:15 - P.M.

THE CAUSE-OF-DEATH* WAS AS FOLLOWS:

Septicemia
12/13
11/13
21/ (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) appendicitis - Pleural Effusion (duration) yrs. mo. da.

18. WHERE WAS DISEASE CONTACTED 11/13
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 24/29
1 appendicitis
WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Ed Allen M. D.

(Address) 1-17-1930 Independence

*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 Odessa, Mo. DATE OF BURIAL 1/19 1930

20. UNDERTAKER F. A. Husman ADDRESS Odessa Mo

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

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.

18
48
5
18

1
2

1

2