APR 30 1930

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

Do not use this space.

May 2 - 1857

9312

1. PLACE OF DEATH

County Lafayette. Registration District No. 464 File No. 13

Township ~~Sudbury~~ Primary Registration District No. 4277 Registered No. 11

City Odessa. (No. ..... St. ..... Ward)

2. FULL NAME Alice Margret Burnside

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Burnside.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	10	18	

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

9. BIRTHPLACE (CITY OR TOWN) Austin
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John W. Philips.

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

12. MAIDEN NAME OF MOTHER Dont Know.

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

14. INFORMANT Margaret B. Heyenbrock
(Address) Odessa Missouri

15. FILED 3/25 1930 R. C. Schooley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1930

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1930, to March 20, 1930 that I last saw her alive on March 19, 1930, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage with Right Hemiplegia
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis.
(duration) 10 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? Clinical

(Signed) W. Martin M.D., M. D.
3/21, 1930 (Address) Odessa 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	DATE OF BURIAL
Odessa Cemetery	3/22 1930
20. UNDERTAKER	**ADDRESS**
Blincoe & Son	Odessa 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.

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