

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

Do not use this space.

16025

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township East Primary Registration District No. 1002
City St. Louis (No. 1506) Linwood

File No. _____
Registered No. 1931
St. _____ Ward)

2. FULL NAME

Jesse H. Burrus
(a) Residence, No. 1506 Linwood St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Burrus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 4 9

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

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

10. NAME OF FATHER J. M. Burrus

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

12. MAIDEN NAME OF MOTHER Ann Nolaud

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

14. INFORMANT Mrs. Irene Burrus
(Address) 1506 Linwood

15. FILED 5/8 30 M. M. Crowe
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 5/1/30, 1930, to 5/3/30, 1930, that I last saw him alive on 5/1/30, 1930 and that death occurred, on the date stated above, at 4:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
77A
750 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute dilatation of heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Union City

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Clinical finding
Dr. [Signature] M. D.

(Signature) [Signature] 74, 1930 (Address) 821 Angyle Bldg.

*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL May 5 1930

20. UNDERTAKER D. H. Newcomer's ADDRESS West 6th

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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