

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

Do not use this space.

19652

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Nash Primary Registration District No. \_\_\_\_\_  
 City H. C. Mo. (No. St Marys Hospital)

File No. \_\_\_\_\_  
 Registered No. 2653  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wood Edwin Burnham  
 (a) Residence. No. Niche Falls Texas 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. 1 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Ada Belle Burnham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25-1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 7 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. switchman + yardmaster  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer fort Worth + Denver R.R.

9. BIRTHPLACE (CITY OR TOWN) Stuart  
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER John E. Burnham

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

12. MAIDEN NAME OF MOTHER Theodosia MacLanese

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

14. INFORMANT Mrs Van Dyke  
 (Address) 1419 East 8th

15. FILED 9/26/30 M. M. Crowe  
 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1930

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1930, to 6-26-30 and that I last saw him alive on 6-22-30, 1930, and that death occurred, on the date stated above, at 8:50 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral atrophy of liver  
12/1/23

CONTRIBUTORY (SECONDARY) 19/2/31 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED Texas

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF about 6 mo ago

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED (NAME) Plummet + microscope  
 (Signed) J. H. H. H. M. D.

\*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 Forest Hill DATE OF BURIAL June 28 1930

20. UNDERTAKER Mrs C L Foster ADDRESS 918 Brooke

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 FULLY IN PLAIN TERMS

Handwritten text at the top right corner, possibly a page number or date, which is mostly illegible due to blurring and fading.