

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.

OCT 24 1931

25614-1

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

Do not use this space.

25614-1  
File No. 23532-A  
Registered No. ....  
St. .... Ward)

1. PLACE OF DEATH  
County Marion Registration District No. 541  
Township Jefferson Primary Registration District No. 4321  
City Beale (No. ....)

2. FULL NAME Albert J. Burns  
(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 yrs. 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 Mary E. Burns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
63 1866 6 27

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

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

10. NAME OF FATHER Henry Burns

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

12. MAIDEN NAME OF MOTHER Malinda Taff

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

14. INFORMANT J. N. Burns  
(Address)

15. FILED Oct. 19 1931 Mrs. Leonard Johnson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7, 1930

17. I HEREBY CERTIFY, That I attended deceased Albert J. Burns on July 7, 1930, at Beale, Mo. that I last saw him alive on July 7, 1930, and that death occurred on the date stated above, at 10:30 P. M.

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

92 1/2 (duration) 1 yrs. 8 mos. .... ds.

CONTRIBUTORY (SECONDARY) 92 1/2 (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at Place of death  
IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

19. WHAT TEST CONFIRMED DIAGNOSIS? History + Symptoms  
(Signed) Dr. R. R. Keppell, M. D.

(Address) Beale, 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 Vienna, Mo. DATE OF BURIAL 7-9-1930

20. UNDERTAKER S. G. Licklider ADDRESS Beale, Mo.

