

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

Do not use this space.

29524-1

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1. PLACE OF DEATH
County Douglas
Township Lincoln
City Ava, Route # 3. (No.,, Ward)

Registration District No. 1075
Primary Registration District No. 3381

File No.
Registered No. 4
St. Ward

2. FULL NAME Rosetta M. Burlson

(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 57 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Native-White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF R. F. Burlson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4th, 1872.

7. AGE 57 YEARS 9 MONTHS 4 DAYS IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Near Ava.
(STATE OR COUNTRY) Douglas Co., Mo.

10. NAME OF FATHER Jesse Andrews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Martha A. Andrews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT J. E. Hall
(Address) Ava, Mo.

15. FILED Nov 29 1930 J. E. Hall

REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8th, 1930.

17. I HEREBY CERTIFY, That I attended deceased from Dec 1924 to Aug 15 1928
that I last saw him alive on Aug 10 1928 and that death occurred, on the date stated above, at Ava

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver
Metastatic to Intestine & Peritoneum
(duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY Chronic gall Bladder
(SECONDARY) (duration) 10 yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF July 1920
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy
(Signed) M. C. Smith, M. D.
, 19 (Address) Ava, 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 Burdett Cemetery DATE OF BURIAL Sept 9 1930

20. UNDERTAKER C. V. Chappinoband ADDRESS Ava, Mo.

WRITE PLAINLY, WITH UNFOLDING 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.

V. S. No. 2

N. B. CAUSE

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1-17-56
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