NOV 3 1930

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

Do not use this space.

31857

1. PLACE OF DEATH
County: Shelby
Township: Jefferson
City: ..... (No. ....., ..... St. ..... Ward)

Registration District No. 560
Primary Registration District No. 6095

File No. .....
Registered No. .....

2. FULL NAME: Mrs Annie Eleanor Burr

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Burr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 9 1877

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 53 | 6 | 1 | |

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Robert Barr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Delaware
12. MAIDEN NAME OF MOTHER: Sallie Marquette
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Pa.

14. INFORMANT: Joseph Burr
(Address): Clarence Mo

15. FILED Oct, 1914 Mrs Bernard G Hyatt
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 10 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental burn with hot-water

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Epilepsy Bad Man

(duration) ..... 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? .....
(Signed) F K Ray, M. D.
9/14, 1930 (Address) Clarence 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: Maplewood Cemetery — DATE OF BURIAL: Sept 12 1930

20. UNDERTAKER: Hamilton-Und Co — ADDRESS: Clarence Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EX CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement