

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

Do not use this space.

4397

1. PLACE OF DEATH

County Wheeler
Township Grant
City (No.)

Registration District No. 896
Primary Registration District No. 6199

File No.
Registered No. 9
St. Ward

2. FULL NAME

Newton Burner

(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. / da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Tamm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>11</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

10. NAME OF FATHER Wm. Tamm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wm. Tamm 51

12. MAIDEN NAME OF MOTHER Wm. Tamm

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

14. INFORMANT (Address) Jas. Marshall

15. FILED 2/1, 1931 REGISTRAR J.W. Bruce

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-27-31 to 1-27-31, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac decompensation and pulmonary edema.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. da. 95 11 10

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? None. (Signed) H. C. Hume, M. D.

125, 1931 (Address) Marshallfield Mo.
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marshallfield DATE OF BURIAL Jan. 29 1931

20. UNDERTAKER H. J. Mahan ADDRESS Marshallfield

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.

FEB 22 1931

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