

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.

24 1931

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

Do not use this space.

4848

1. PLACE OF DEATH

19 County Cass Registration District No. 156
Township Peculiar Primary Registration District No. 5770
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 10

2. FULL NAME William Lee Burnam

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amanda Burnam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 13-1862</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>6</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Optometrist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>224</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb 23-1931</u>	11. Total time (years) spent in this occupation <u>45</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oregon Mo. 1</u>		
FATHER	13. NAME <u>Henry C Burnam</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary C Henderson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canton, Ohio</u>	
17. INFORMANT (ADDRESS) <u>W L Lawler 6662 W. rd. Ke mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Springs, Mo.</u> DATE <u>2/27</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Rehnenburg Bros & Co Harrisonville Mo</u>		
20. FILED <u>2/25</u> 19 <u>31</u> <u>A S Soman</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 P.m. The principal cause of death and related causes of importance were as follows:
accidental from falling tree
156B
1941B

Other contributory causes of importance
1941B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? bedient Date of injury 2/24 1931
Where did injury occur? 1 1/2 miles north of Harrisonville (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
In field on accidently felled tree
Manner of injury accidental falling tree
Nature of injury Crushing of entire back of thoracic region

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Walter S. Gilkeson
(Address) Harrisonville Mo. Coram

