

MAR 27 1931

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

Do not use this space.

6702

1. PLACE OF DEATH

County RandolphRegistration District No. 733

Township

Primary Registration District No. 438City Huntsville (No. _____)

St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 19307. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Huntsville, Mo.
(STATE OR COUNTRY)13. NAME William Burnham14. BIRTHPLACE (CITY OR TOWN) Macon, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Alberta Lucas16. BIRTHPLACE (CITY OR TOWN) Macon, Mo.
(STATE OR COUNTRY)17. INFORMANT William J. Burnham
(ADDRESS) Huntsville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Jul 6 193119. UNDERTAKER Tom B. Patton
(ADDRESS) Huntsville, Mo.20. FILED July 19 1931 H. B. Pragg
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 193122. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to July 5, 1931I last saw him alive on July 4, 1931. Death is saidto have occurred on the date stated above, at 4 a.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset Jan 1931
23A11A
107A

Other contributory causes of importance:

Influenza & Broncho Pneumonia 15 days

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? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. B. Pragg, M. D.(Address) Huntsville, Mo.

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.

