

APR 25 1931

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

Do not use this space.

11209

1. PLACE OF DEATH

County Randolph
Township Prairie
City High (No. 1)

Registration District No. 736
Primary Registration District No. 5904

File No. 6
Registered No. 6
St. St. Ward Ward

2. FULL NAME

Steven Price Burnham

(a) Residence. No. 1 St. St. Ward Ward
(Usual place of abode)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 1861
7. AGE YEARS 68 MONTHS 8 DAYS 6 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Howard Co
(STATE OR COUNTRY) 1

10. NAME OF FATHER William Burnham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Crow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. Steve Burnham
(Address) High Mo

15. FILED 4-4 1931 E. H. Hinchbrough
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1931

17. I HEREBY CERTIFY, That I attended deceased from 8-23 to 3-29 1931, and that I last saw him alive on 3-29 1931, and that death occurred, on the date stated above, at 11-45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 131 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. E. Woods M. D.

3-31 1931 (Address) Clark 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

DATE OF BURIAL

Chapel Grove Clark Mo Mar. 31 1931

20. UNDERTAKER

ADDRESS

Joe W. Burton High Mo

