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.

MAY 21 1931

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

Do not use this space.

13320

1. PLACE OF DEATH

County Butler — Registration District No. 88 — File No.

Township Neely — Primary Registration District No. 5130 — Registered No. 20

City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Burrow.

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1910

7. AGE: YEARS 20 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming. 1

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) 4-8-31

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beech Grove Ark.

FATHER

13. NAME Joseph Burrow.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thayer Mo. 1

MOTHER

15. MAIDEN NAME Lucinda Blackwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain Grove Mo.

17. INFORMANT (ADDRESS) Joseph Burrow Neelyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sims Cemtry DATE April, 20, 1931

19. UNDERTAKER (ADDRESS)

20. FILED 4/20, 1931 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to April 19, 1931

I last saw him alive on April 19, 1931. Death is said to have occurred on the date stated above, at 8 p m.

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

Lobar Pneumonia. — Date of onset

10 — 10

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) ....., M. D.

(Address) R. L. Turner Neelyville Mo.