

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

Do not use this space.

20295

1. PLACE OF DEATH
 County Stoddard Registration District No. 840
 Township Blue Bank Primary Registration District No. 6102
 City Juxta - Mo (No. _____) St. _____ Ward _____
 2. FULL NAME Della Burris
 (a) Residence, No. Juxta Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

File No. _____
 Registered No. 25
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 L. Burris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1868
 7. AGE 68 YEARS MONTHS 4 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Hotel
 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) (STATE OR COUNTRY) Madison Co Ark
 FATHER 13. NAME Louis ~~Head~~ Kail
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Money Camery
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Ark
 17. INFORMANT (ADDRESS) Juxta Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Juxta Mo DATE May 14 1931
 19. UNDERTAKER (ADDRESS) Hockman White
 20. FILED May 12 1931 Juxta Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 - 1931
 22. I HEREBY CERTIFY, That I attended deceased from May 10 1930 to May 11 1931
 I last saw her alive on May 11 1931 Death is said to have occurred on the date stated above, at 4:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Malignant ulceration of uterus & rectum Date of onset 1930
 Other contributory causes of importance: _____
 Name of operation = Hysterectomy Date Feb 27
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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? yes
 If so, specify yes
 5/12 (Signed) D. J. Burris M. D.
 1/23 (Address) Juxta 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.

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