

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

Do not use this space.

25407

1. PLACE OF DEATH

County Jasper Registration District No. 41
Township Salena Primary Registration District No. 2002
City Jerison (No. 215) Free St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 215 Free Ave. 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 W. 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Burroughs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1891

7. AGE YEARS 40 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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. Domestic

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) Jerison MO

13. NAME W. A. Early

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

15. MAIDEN NAME Mrs. L. Temple

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

17. INFORMANT W. A. Early

18. BURIAL, CREMATION, OR REMOVAL PLACE W. A. Early DATE 8-3-31 19. _____

19. UNDERTAKER (ADDRESS) Jerison Mo

20. FILED 8-1 1931 Abraham Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-31 1931

22. I HEREBY CERTIFY That I attended deceased from July 31 1931, to July 31 1931. I last saw her alive on July 31, 1931. Death is said to have occurred on the date stated above, at _____ m.

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

Luminal poisoning Date of onset _____

1638

163

Other contributory causes of importance: _____

Name of operation Investigation Date of _____

What test confirmed diagnosis? Investigation Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury July 31 1931

Where did injury occur? at home - 215 Free Ave, Jerison, Mo. (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

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

If so, specify _____ (Signed) Sam Simmons, M. D.

(Address) Corner Jasper Co. 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.

AUG 26 1931

