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.

OCT 26 1931

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

Do not use this space.

32236

1. PLACE OF DEATH
County: Ray
Township: Grape Grove
City: Braymer Mo (No. ..., ..... St. ..... Ward)
Registration District No. 914
Primary Registration District No. 6235
File No. .....
Registered No. 11

2. FULL NAME: Rachael Ann Burt
(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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: wh
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): July 30-1851
7. AGE: YEARS 80 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Indiana

FATHER
13. NAME: Albert Burt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. J.

MOTHER
15. MAIDEN NAME: Mary Cones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): John Burt, Braymer Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Olivet DATE: 9/22, 1931
19. UNDERTAKER (ADDRESS): B. F. Mead, Braymer Mo
20. FILED: Sept 24, 1931 W E Gant, Registrar.

## MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 20, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1931 to Sept 20, 1931
I last saw her alive on Sept 15, 1931. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:
Arterial Sclerosis followed with Apoplexy She fell last spring dislocated left hip was not adjusted
Date of onset
Other contributory causes of importance:
She had Mitral regurgitation
181 A
194 B
92 A
Name of operation: no Date of: X
What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury X, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. R. Colby, M. D.
(Address) Norborne, Mo

193 - 9 - 20
1831 - 8 - 30
82 - 0 - 20