

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

Do not use this space.

33919

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 13011
 City Excelsior Springs, Mo. Veterans Hospital, St. 3rd Ward

File No. _____
 Registered No. 137
 St. 3rd Ward

2. FULL NAME BURRUSS, John E.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 809 Moffet Ave.,
 (Usual place of abode) Excelsior Springs, Mo. (If not resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXX
 10. Date deceased last worked at this occupation (month and year) XXX 11. Total time (years) spent in this occupation XX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Burruss

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

15. MAIDEN NAME Matilda Marshall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Hospital records, Veterans Hospital Excelsior Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdy, Mo. DATE 10-31-31

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs, Mo.

20. FILED Oct 31 1931 J. H. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1931, 1931, to Oct. 30, 1931, 1931.

I last saw him alive on Oct. 30, 1931, 1931. Death is said to have occurred on the date stated above, at 9:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Aortic regurgitation

Date of onset

Other contributory causes of importance:

none

Name of operation none Date of _____

What test confirmed diagnosis? Exam. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1931

Where did injury occur? XX
 (Specify city or town, county, and State)

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

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? XX
 If so, specify XX

(Signed) Garrett V. Johnson, M. D.
 (Address) Veterans Hospital, Excelsior Springs, Mo.

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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