

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

Do not use this space.

8405

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kennett Primary Registration District No. _____
 City H. C. Mo. (No. 1027) Monroe St. _____ Ward _____

File No. _____
 Registered No. 984
 St. _____ Ward _____

2. FULL NAME

Harriett R. Burns
 (a) Residence, No. 1027 Monroe St. 1 Ward. (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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-1878

7. AGE YEARS 84 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 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) Illinois

MOTHER 13. NAME Thomas P. Cook

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

15. MAIDEN NAME Harriet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. record 31

17. INFORMANT Mrs. E. Woods (ADDRESS) 1027 Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 3-10-1932

19. UNDERTAKER (ADDRESS) Wm. C. Foster
319 H. C. Mo.

20. FILED 3/9 1932 M. in Brown Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1932 to 2-25, 1932
 I last saw him alive on 2-25, 1932. Death is said to have occurred on the date stated above, at 11:00 am.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with myocardial insufficiency
 Other contributory causes of importance: 930 930
 Name of operation none Date of _____
 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? _____
 If so, specify P. S. Williams M. D.
 (Signed) _____ (Address) 5 apt 7c C. C. in Knob K. 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.

1027
D. L. Williams

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SEP 24 1946

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