

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

Do not use this space.

8997

APR 27 1932

1. PLACE OF DEATH  
 5<sup>2</sup> County..... Butte ..... Registration District No. 441  
 2 Township..... Center ..... Primary Registration District No. 4259  
 2 City..... Edina ..... St. .... Ward)  
 2. FULL NAME Martha Inez Burns  
 (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 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. ....  
 Registered No. 139

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ella Burns  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec - 2 - 1897  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
34 3 0  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) 235  
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 2, 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1930 to Mar 2, 1932 that I last saw h.w. alive on Mar. 1, 1932, and that death occurred, on the date stated above, at 4:30 P.M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Pulmonary Tuberculosis  
235  
 (duration) 1 yrs. 7 mos. da.  
 CONTRIBUTORY Sero-fibrinous Pleurisy  
 (SECONDARY) (duration) 1 yrs. 10 da.

9. BIRTHPLACE (CITY OR TOWN) Millport  
 (STATE OR COUNTRY) Ind. Co. Mo.  
 10. NAME OF FATHER John McCoy  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Millport  
 (STATE OR COUNTRY) Ind. Co. Mo.  
 12. MAIDEN NAME OF MOTHER Ella Huddle  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.  
 (STATE OR COUNTRY) 2  
 14. INFORMANT John McCoy  
 (Address) Edina Mo.  
 15. FILED 3-3, 1932 Mrs C.M. Smith  
 REGISTRAR

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? No  
 DID AN OPERATION PRECEDE DEATH? No DATE OF (1)  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS S.P. in sputum  
 (Signed) W.H. Landfester M.D.  
3-2, 1932 (Address) Edina Mo.  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Millport DATE OF BURIAL 3-4-1932  
 20. UNDERTAKER Mrs J.W. Anderson & Son ADDRESS Edina Mo.

A. E. - Every item of information on this certificate is required by law. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

