

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

Do not use this space.

3327

1. PLACE OF DEATH
 69 County Monroe Registration District No. 582 File No. 27
 4 Township..... Primary Registration District No. 4344 Registered No.....
 2 City..... (No.....) St..... Ward.....

2. FULL NAME THOMAS BENTON BURRIS
 (a) Residence, No..... St..... Ward.....
 (Usual place of abode) about (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher
 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) MAY 1925 11. Total time (years) spent in this occupation 20

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

FATHER
 13. NAME Thos. Burris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

MOTHER
 15. MAIDEN NAME N. K.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. K.

17. INFORMANT (ADDRESS) Mellie Lutz
care Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE MAR 27 1932

19. UNDERTAKER (ADDRESS) Speed & Blady
Paris, Mo.

20. FILED MAR 25 1932
J. P. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1932 to Mar 25 1932
 I last saw him alive on Mar 23 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Myo-cardiate
131
930
 Date of onset (mo.)

Other contributory causes of importance:
Chronic nephritis
121
(D)

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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.....
 (Signed) Geo. M. Rupel M. D.
 (Address) Paris, 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.

APR 28 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

