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.

MAY 2 - 1932

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

Do not use this space.

11593

1. PLACE OF DEATH

10 County Boone — Registration District No. 73 — File No.

3 Township — Primary Registration District No. 3006 — Registered No. 71

8 City Columbia (No. , St. Ward)

2. FULL NAME Miss Laura Annie Burroughs

(a) Residence, No. 109 Hill St., St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dec 13 - 1859

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

7. AGE: YEARS 72 — MONTHS 3 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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): Boone Co Mo

FATHER

13. NAME: Travis Burroughs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

MOTHER

15. MAIDEN NAME: Martha K Oldham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Middle Co, Ky

17. INFORMANT (ADDRESS): Mrs Forest Columbia, Mo Landlordington

18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Cemetery DATE 4-3-1932

19. UNDERTAKER (ADDRESS): Parker Funeral Co Thos McHaney

20. FILED 4/21 1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw her alive on April 1st, 1932. Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
114	
108	
Other contributory causes of importance:	
Influenza (1) Mach	13th

Name of operation — 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? no

If so, specify

(Signed) W. K. Sharpe, M. D.

(Address) Columbia Mo