

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.

JUN 21 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11830

3

1. PLACE OF DEATH
 County Camden Registration District No. 121
 Township Warren Primary Registration District No. 5173
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Maitha Jane Burns
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) undivided

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 6

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

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) Tenn.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 51

15. MAIDEN NAME 11

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT (ADDRESS) Geo. Burns
Deasleville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deasleville DATE May 1 1932

19. UNDERTAKER (ADDRESS) Deasleville
Mo.

20. FILED 576 19 32 Mr. C. B. Claborn
 Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30 1931, to Apr. 30 1932
 I last saw h. 22 alive on Apr. 10 1932 Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 4-1-31
2-3-31 2-3
 Other contributory causes of importance:
Smoking ①

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. _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. C. Claborn M. D.
 (Address) Deasleville

