

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 24 1932

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

Do not use this space.

1. PLACE OF DEATH  
 39 County Cass Registration District No. 318  
 3 Township Imperial Mo. St. Johns Hospital File No. 12234  
 5 City Imperial Mo. St. Johns Hospital (No. 2001) Registered No. 204 (Ward)

2. FULL NAME Joseph C. McBurnham  
 (a) Residence, No. 200 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 6 19

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

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) Iowa 2

13. NAME Joseph C. McBurnham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

15. MAIDEN NAME

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

17. INFORMANT Sarah McBurnham  
 (ADDRESS) Imperial Mo. St. Johns Hospital

18. BURIAL, CREMATION, OR REMOVAL Buried  
 (ADDRESS) Imperial Mo. St. Johns Hospital DATE 4/5 1932

19. UNDERTAKER Wm. J. ...  
 (ADDRESS) Imperial Mo. St. Johns Hospital

20. FILED 4-5 1932 John Sharp Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, to April 4, 1932  
 I last saw him alive on April 4, 1932 Death is said to have occurred on the date stated above, at 3 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia with Pericarditis  
108  
108  
 Other contributory causes of importance:  
 (1)  
 Name of operation None 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  
 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) Geo. M. Powell, M. D.  
 (Address) Springfield Mo.

