

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

Do not use this space.

15357

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St Joseph (No. 1702 5th Ave)

File No. _____
Registered No. 682
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Forest city mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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 OF (or) WIFE OF Mildred Burrier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1 1911

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
21- 0 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Trucking 104
(b) General nature of industry, business, or establishment in which employed (or employer) same
(c) Name of employer no one

9. BIRTHPLACE (CITY OR TOWN) Holt Co
(STATE OR COUNTRY) mo 10

10. NAME OF FATHER Ed Burrier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holt Co
(STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Grace Munya

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holt Co
(STATE OR COUNTRY) mo

14. INFORMANT Ed Burrier
(Address) Forest city mo.

15. John R Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1932

17. I HEREBY CERTIFY, That I attended deceased from viewed on _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) none (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 23 A
IF NOT AT PLACE OF DEATH _____ (duration) 5 yrs. _____ mos. _____ ds.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) B. W. Tadlock Coroner, M. D.

5/14 19 32 (Address) 821 Francis

*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 Oregon mo
DATE OF BURIAL May 15 1932

20. UNDERTAKER Luther Pattison
ADDRESS Oregon 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. JUN 8 1 1932

FILED 14 1932

