

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

Do not use this space.

25522

1. PLACE OF DEATH

12 County Butler Registration District No. 89
2 Township Paplar bluff Primary Registration District No. 3007
7 City Paplar bluff St. _____ Ward _____

File No. _____
Registered No. 143

2. FULL NAME

(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.
John Rogers Burns London
Paplar bluff
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 11 8

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

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) Marquand

13. NAME Thomas M. London

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

15. MAIDEN NAME Mary T. Medley

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

17. INFORMANT Mr. Thomas London

18. BURIAL, CREMATION, OR REMOVAL PLACE Paplar bluff DATE 8/29, 1932

19. UNDERTAKER Beverly Funeral Home

20. FILED Sept 9, 1932 Paplar bluff

By Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1932 to 8-29, 1932.

I last saw him alive on 8-28, 1932. Death is said to have occurred on the date stated above, at 12:45 AM.

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

meningeal abscess
pus in lateral lobe
99A 79W
Other contributory causes of importance: meningitis

Date of onset 8-27-32

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 _____, 1932.

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) Thos. H. G. Bluff, M. D.
(Address) Paplar bluff

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.

SEP 11 1932

