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.

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

Do not use this space.
35772

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 4705, JARBOE St. ..... Ward)
File No. .....
Registered No. 4280

2. FULL NAME WILLIAM HENRY BURRUSS
(a) Residence, No. 4705 - JARBOE St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 1932
7. AGE — YEARS: — MONTHS: 8 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE 107A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 120C
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) KANSAS CITY MISSOURI

FATHER
13. NAME JAMES H. BURRISS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CARROLTON MISSOURI

MOTHER
15. MAIDEN NAME SARITA REX
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LEXINGTON MISSOURI

17. INFORMANT MR. JAMES H. BURRUSS, JR.
(ADDRESS) 4705 JARBOE AVE
18. BURIAL, CREMATION, OR REMOVAL
PLACE LEXINGTON, MO. DATE NOVEMBER-15, 1932
19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY MISSOURI
20. FILED Nov 15, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-13 1932
22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1932, to 11-13, 1932
I last saw him alive on Nov 13, 1932 Death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	11-12-32
107A	
Other contributory causes of importance:	
Perirectal abscess	Feb. 1932

Name of operation — Date of .....
What test confirmed diagnosis? physical findings 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) H. C. Berger M.D., M. D.
(Address) 1306 Professional Bldg.

Dentist: Harry Calvin Berger
1306 Professional Bldg.
11-12:30