

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

Do not use this space.

35839

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Law Primary Registration District No. 1002 Registered No. 4347
 City Lansing City (No. 3344, Michigan) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3344 Michigan St., 13 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 M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>9</u>	<u>3</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 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) Harden Grove Iowa

FATHER 13. NAME John D. Burns

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

MOTHER 15. MAIDEN NAME Mary Stevens

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

17. INFORMANT (ADDRESS) John D. Burns 3344 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Burden Home DATE Nov 21 1932

19. UNDERTAKER (ADDRESS) Esler Funeral Home R.I. Mo.

20. FILED Nov 21 1932 M. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sat Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 17, 1932

I last saw h. alive on _____ 19_____. Death is said to have occurred on the date stated above, at 9:55 p.m.

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

Apoplexy of Cerebrum
①
Pneumonia Broncho

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 _____, 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? _____

If so, specify _____

(Signed) E. H. Markham, M. D.

(Address) 901 Sharp Bldg. Lansing Mo

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.

5508 Rockhill Rd. 7/1 5658