

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.

JAN 5 1933

M. McDonnell

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

Do not use this space.

38169

1. PLACE OF DEATH
 112 County *W. Va.* Registration District No. *899*
 Township *Washington* Primary Registration District No. *6206*
 City (No.) St. Ward)

File No. _____
 Registered No. *1A*

2. FULL NAME *Estonia S. Burroughs*
 (a) Residence, No. _____ 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 *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Roton Burroughs*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 15, 1852*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 27
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *At home*
 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) *Dixon, Ohio*

13. NAME *Widow*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va.*

15. MAIDEN NAME *Widow*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va.*

17. INFORMANT *J. F. Burroughs* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *Nov. 13, 1932*

19. UNDERTAKER *A. J. M. Moxon* (ADDRESS) *Marshfield, Mo.*

20. FILED *12-10* 1932 *J. R. Whitson* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 12, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *March 11, 1931* to *Nov. 9, 1932*

I last saw h. e. alive on *Nov. 9, 1932*. Death is said to have occurred on the date stated above, at *7:40 P. M.*

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

Senility
180 lbs
1913 / 860
 Other contributory causes of importance: *Fracture of femur*
Shock

Name of operation *Reduct. of Fract* Date of *Nov. 9, 1932*
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *Nov. 8, 1932*
 Where did injury occur? *Conway, Route 4*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *In home*
Fell out of bed.
 Nature of injury *Fracture of Femur.*

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *C. P. McDonnell*, M. D.
 (Address) *Marshfield, Mo.*

