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

Do not use this space.

18

1. PLACE OF DEATH
County Carter — Registration District No. 143 — File No. 38818
Township " — Primary Registration District No. 5205 — Registered No.
City — (No. — St. — Ward)

2. FULL NAME Samuel Cusic Burrows
(a) Residence, No. — St., — 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Wm. Spencer Burrows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1857

7. AGE: YEARS 75 — MONTHS 3 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Carter County, Mo.

FATHER
13. NAME Samuel Snider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Mary Vincent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT E. R. Burrows
(ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fremont, Mo. DATE 12, 6, 1932

19. UNDERTAKER W. C. Croy
(ADDRESS) Van Buren, Mo.

20. FILED 12-5 1932 T. A. Cotton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932, to Dec 5th, 1932
I last saw her alive on Dec 4, 1932 Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows: — Date of onset

Influenza

11B

Other contributory causes of importance:

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) T. A. Cotton, M. D.
(Address) Van Buren

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.