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.

40736

File No. [redacted]

Registered No.

1. PLACE OF DEATH

County: Moniteau (68)

Township: ~~Willowfork~~ (4)

City: Tipton, (3) (No. ..., ... St. ... Ward)

Registration District No. 575

Primary Registration District No. 4339

2. FULL NAME: Herbert Lee Burriss

(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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-32

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
		2	

OCCUPATION

8. Trade, profession, of 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.

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) Tipton, Missouri.

FATHER

13. NAME Lee Manuel Burriss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Missouri.

MOTHER

15. MAIDEN NAME Lillian Mosby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Missouri.

17. INFORMANT (ADDRESS) Lemanuel Burris

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tipton Mo. DATE -12-21 32

19. UNDERTAKER (ADDRESS) Jewell-E-Richards

20. FILED 12/21 1932 Mrs. Sarah Trx Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1932, to Dec 21, 1932

I last saw him alive on Dec 20, 1932 Death is said to have occurred on the date stated above, at 6 a.m.

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

Asmoogle

Date of onset

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? No

If so, specify

(Signed) G. L. Wilson, M. D.

(Address) Tipton