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

Do not use this space.

1. PLACE OF DEATH
County: Adair — Registration District No.: 4
Township: — Primary Registration District No.: 3001
City: Kirksville (No. ..., ... St. ... Ward)

File No.: 8365
Registered No.: 69

2. FULL NAME: Andy Burris

(a) Residence, No.: 515 W. Scott St., 3 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-18-1860

7. AGE: Years 72 Months 5 Days 12 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Missouri

FATHER
13. NAME: Rose Burris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Lena Burris 515 W. Scott, Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest DATE: 4-1-, 1933

19. UNDERTAKER (ADDRESS): Dee Riley Kirksville Mo

20. FILED: Apr 2, 1933 Mrs C. H. Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-30-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1933, to Mar 29, 1933
I last saw him alive on Mar 29, 1933. Death is said to have occurred on the date stated above, at 6:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1926

Other contributory causes of importance:

Name of operation: ✓ Date of:
What test confirmed diagnosis? Physicals Sp. 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) J. W. Martin, M. D.
(Address) Kirksville Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD