

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.

MAY 22 1933

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

Do not use this space.

1. PLACE OF DEATH *Letts Flat Creek Twp.*
 SA County *Letts Flat Creek Twp.* Registration District No. *668*
 Township *Springfork* Primary Registration District No. *5891*
 City (No.) St. Ward)

2. FULL NAME *Oliver Burns*
 (a) Residence, No. *Springfork R.P. #1* St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred *23* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

14148

File No.
 Registered No. *109*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 3 1860*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>72</i>	<i>11</i>	<i>4</i>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. *Farmer*

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) *4/19/33* 11. Total time (years) spent in this occupation *50 yrs.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Benton County Missouri*

13. NAME *Burns*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Do not know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know*

17. INFORMANT *Mrs. E. A. Aweck* (ADDRESS) *Ledalia, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *North St. Cemetery* DATE *4/18/33*

19. UNDERTAKER *Mrs. Laughlin Bros* (ADDRESS) *Ledalia, Mo.*

20. FILED *4-18-33* *J. L. Love* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Ledalia*, 19....., to *Ledalia, Mo.* I last saw him *alive on* 19..... Death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows:
Apoplexy

Other contributory causes of importance: *82A*

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *yes*

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. C. Crumley* M. D.
 (Address) *11 Crown*

Date of onset *4/17*

APR 8 1943