

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

Do not use this space.

15509

1. PLACE OF DEATH

108 County Vernon
Township Moundville
City Ward

Registration District No. 874
Primary Registration District No. 615-1

File No.
Registered No.
St. Ward)

2. FULL NAME

Bella Burriworth
Moundville township

(a) Residence, No. Ward. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 6 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) May 1 1933 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee

13. NAME Fongos Carey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walter, Tenn

15. MAIDEN NAME Eliza Fish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee, D. C.

17. INFORMANT (ADDRESS) M. H. Burriworth

18. BURIAL, CREMATION, OR REMOVAL PLACE Moore Cemetery DATE 5-12-1933

19. UNDERTAKER (ADDRESS) Fleming Funeral Home

20. FILED 4-12-1933 W. C. Carter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1935 to April 10, 1935 last saw her alive on April 10, 1935 Death is said to have occurred on the date stated above, at 9:20 a m.

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

Aortic Insufficiency

Other contributory cause of importance: 92 a

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
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) J. M. Burriworth, M. D.
(Address) 121 Moundville

N. B.—Every item of information should be carefully checked for accuracy. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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