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.

AUG 26 1933

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

Do not use this space.

24166

1. PLACE OF DEATH
County Ray
Township Triple Grove
City Braymer (No. ..... St. ..... Ward)

Registration District No. 914
Primary Registration District No. 6235
File No. .....
Registered No. 12

2. FULL NAME Azzle Burt
(a) Residence, No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1862

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 71 | 5 | 24 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) .....
11. Total time (years) spent in this occupation .....

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

FATHER
13. NAME Albert Burt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT (ADDRESS) Roe Burt Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE July 31, 1933

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo.

20. FILED July 30, 1933 H. E. Gand Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to July 29, 1933
I last saw him alive on July 27, 1933. Death is said to have occurred on the date stated above, at 5:25 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| 92 | |
| 86 | |
| 97 | |

Other contributory causes of importance:
with Arterial Sclerosis
with Mitral regurgitation
with Multiple Hemorrhages

Name of operation not any Date of X
What test confirmed diagnosis? ..... Was there an autopsy? M

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury 1, 19....
Where did injury occur? 1
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) L. R. Colby, M. D.
(Address) Norborne Mo R.R.