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

Do not use this space.

33551

1. PLACE OF DEATH

54 County Lafayette Registration District No. 464 File No. 16

Township Washington Primary Registration District No. 5626 Registered No. 12

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Elmo E. McBurney

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

NOV 10 1933

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 INFADING INK—THIS IS A PERMANENT RECORD

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: Addie Phillips McBurney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25. 1878.

7. AGE: Years 60 Months 2 Days 20 If LESS than 1 day, ... hrs. or ..... min.

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): Odessa Mo.

FATHER

13. NAME: Samuel L. McBurney.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Virgie Leach.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

17. INFORMANT (ADDRESS): E. E. McBurney Jr. Odessa Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt Tabor DATE: 10/17, 1933

19. UNDERTAKER (ADDRESS): L. C. Freeman Odessa Mo.

20. FILED 11/10, 1933 H. C. Schooley Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1933, to Oct 15, 1933. I last saw him alive on 12th Oct, 1933. Death is said to have occurred on the date stated above, at 5 A m.

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

Angina Pectoris — Date of onset: 12 Oct 1933

Other contributory causes of importance: Hardening of the Arteries around the Heart. Aneurysm of the Aorta.

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) E. P. Bean D.O. ~~M.D.~~

(Address) Bank of Odessa Bldg Odessa Mo.