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

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.

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

Do not use this space.

File No. 38266

Registered No.

1. PLACE OF DEATH

County Morgan — Registration District No. 971

Township Mill Creek — Primary Registration District No. 5797

City Syracuse (No. ..... St. ..... Ward)

2. FULL NAME Susan Frances Burford

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1865

7. AGE: YEARS 68 — MONTHS 7 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse Missouri

FATHER

13. NAME Adison Burford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County Virginia

MOTHER

15. MAIDEN NAME Martha McCoy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va

17. INFORMANT (ADDRESS) Louis Burford Syracuse, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Syracuse DATE 11-6-1933

19. UNDERTAKER (ADDRESS) Jewell E. Richards Lipton, Mo.

20. FILED Nov 9 1933 O. E. Cordry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1932, to Nov 4, 1933
I last saw her alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of throat

45

Date of onset

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) M. Dick, M. D.
(Address) Syracuse Mo