

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

Do not use this space.

644
6276
571

1. PLACE OF DEATH

County Laclede
Township Lackawood
City Lackawood (No. _____)

Registration District No. 238
Primary Registration District No. 4145

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emma Virginia Burns

(a) Residence, No. _____ St. _____ 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 Ora C. Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Laclede Co Missouri

13. NAME Fred R. Pearson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Birdie Lock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

17. INFORMANT (ADDRESS) Ora C. Burns Lackawood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lackawood Mo DATE Feb 1 1934

19. UNDERTAKER (ADDRESS) L. Ray Caldwell Lackawood Mo

20. FILED 2-9 1934 J.A. Whisen Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934 to Jan 31, 1934
I last saw her alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

acute appendicitis with strangulation
1234
1234
Other contributory causes of importance: general peritonitis

Name of operation appendectomy Date of 1-24-34
What test confirmed diagnosis? _____ Was there an autopsy? no

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) John McDemott, M. D.
(Address) Lackawood Mo

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.

1934

