

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

Do not use this space.

FEB 27-1934

PLACE OF DEATH

County Johnson
Township Trapel Hill
City Warrensburg

Registration District No. 434
Primary Registration District No. J.S. 91

File No. 1692
Registered No. 88
St. _____ Ward _____

2. FULL NAME Warrick Erice Burris
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Burris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-24-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 0 23

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) Smithfield Ohio

MOTHER 13. NAME Bedrick Burris

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. W. P. Burris Warrensburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Burgess Hill DATE Jan 19, 1934

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg

20. FILED 2-10 1934 G. E. Colleen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 17 1934
22. I HEREBY CERTIFY, that I attended deceased from Jan 17th 1934 to Jan 17th 1934, 1934
I first saw him was dead when I arrived alive on _____, 19____. 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:
Coronary thrombosis Date of onset Sudden

Other contributory causes of death None
9710
900/13

Name of operation _____ Date of _____
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?
If so, specify _____
(Signed) W. P. Hall, M. D.
(Address) Warrensburg Mo.

