

SEP 29 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

28122

1. PLACE OF DEATH

113 County North
 Township Witchell
 City Grant City, Mo.

Registration District No.

Primary Registration District No. 1

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Burns6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1907

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
26	11	14		

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) July 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.13. NAME Alonzo Davis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.15. MAIDEN NAME Nellie Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.17. INFORMANT (ADDRESS) Clarence Burns
Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Honey Lake DATE July 22, 193419. UNDERTAKER (ADDRESS) John C. Dumble
Grant City, Mo.20. FILED 8-8, 1934 J. M. Mull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-3422. I HEREBY CERTIFY, That I attended deceased from 7-19-34 to 7-19-34I last saw her alive on 7-19-34 Death is saidto have occurred on the date stated above, at 8:20 P.M.

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

Cerebral Embolism Date of onset

Other contributory causes of importance

Three hours after
head birthName of operation (Surgical) Date ofWhat test confirmed diagnosis as 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 ENature of injury E24. Was disease or injury in any way related to occupation of deceased? E

If so, specify

(Signed) J. M. Mull, M. D.(Address) Grant City, Mo.

