

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

Do not use this space.

DEC 14 1934

1. PLACE OF DEATH

County Dunklin
Township Union
City (No. , St. Ward)

Registration District No. 282
Primary Registration District No. 5401

File No. 39004
Registered No. 49

2. FULL NAME M. W. Burris

(a) Residence, No. , St. , Ward. (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? mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Kate Burris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 1 22

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) Ill.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Cecil Maddox Campbell

BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Nov 18 1934

19. UNDERTAKER (ADDRESS) No Undertaker

20. FILED 11/27 1934 C. W. Ruckler Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 8, 1934, to Nov 17, 1934

I last saw him alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 11/7/34

Other contributory causes of importance: 108

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 No
(Signed) C. W. Ruckler, M. D.
(Address) Campbell, Mo.

Exact statement of OCCUPATION is very important.

