

DEC 22 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41539

1. PLACE OF DEATH
 County St. Louis Registration District No. 1160
 Township University City Primary Registration District No. 4472
 City University City (No. 7511) Milan Av. University City (Ward) 124

2. FULL NAME Wm Burton Durham
 (a) Residence, No. 7511 Milan Av. St. University City Ward. University City
 (Usual place of abode) University City (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 Archie M. Durham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1864

7. AGE YEARS 70 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, mawyer, bookkeeper, etc. Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) N. H.

13. NAME Chas R. Durham

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

15. MAIDEN NAME Harriet Sanford

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

17. INFORMANT (ADDRESS) Mrs Archie M. Durham
7011 Milan Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Nov. 7 1934

19. UNDERTAKER (ADDRESS) Braigh Undertaking Co.
4465 Washington Blvd.

20. FILED Nov. 7 1934 Leola V. Maellen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5 193422. I HEREBY CERTIFY, That I attended deceased from for about 2 years 1934I last saw him alive on 11/5/34 1934 Death is saidto have occurred on the date stated above, at 6 P. M.

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

Myocarditis Date of onsetChronic Rheumatism

Other contributory causes of importance

Name of operation none Date ofWhat test confirmed diagnosis? none 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

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) B. R. Pearson M. D.(Address) 3903 Olive St.

