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

Do not use this space.

43648

File No.

Registered No. 5

Registration District No. 643

Primary Registration District No. 5743

1. PLACE OF DEATH

County Maries

Township Boone

City (No. , St. , Ward)

2. FULL NAME Ira Bell Burns

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Jessie Cleveland Burns

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/21-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	10	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Rowden

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Carnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Jessie C. Burns
(Address) Dixon Mo

15. FILED 12-24, 19 34 Rosa Lawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 13 19 34

17. I HEREBY CERTIFY, That I attended deceased from June, 19 33, to December 13, 19 34
that I last saw her alive on December 13, 19 34, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis with myocardial failure.

668
31
95.3

(duration) 1 yrs. 6 mos. X ds.

CONTRIBUTORY (SECONDARY) Thyrotoxicosis

(duration) 1 yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED? X

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis, basal metabolism

(Signed) Stanley Gates, M. D.

, 19 (Address) Brinktown, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Dixon Mo	12/14 19 34
20. UNDERTAKER	ADDRESS
Fred M Gilbert	Dixon Mo