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

Do not use this space.

FEB 28 1935

2522

1. PLACE OF DEATH
County Putnam
Township York
City ..... (No. ..... , ... St. ..... Ward)

Registration District No. 724
Primary Registration District No. 3955

File No. .....
Registered No. .....

2. FULL NAME Sarah A. Burress

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Burress

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23rd, 1860

7. AGE: Years 74 | Months 3 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Putnam Co. Mo.

FATHER
13. NAME John W. Shepherd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Joanna Victory,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT John A. Burress,
(ADDRESS) Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Medisinvill Cem. DATE Jan. 9th 1935

19. UNDERTAKER Beary-Statton Co.,
(ADDRESS) Powersville, Mo.

20. FILED Jan 12 1935 Mrs. D. W. Pollock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934, to Jan 7 1935
I last saw her alive on Jan 7 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis,	
Chronic nephritis,	
diabetis mellitus and	
terminating in congestive	
pneumonia.	

Other contributory causes of importance:

59

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? .....
If so, specify .....

(Signed) L. W. McDonald M. D.
(Address) Powersville, Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

86

235

1

31

31