

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

Do not use this space.

MAR 26 1935

5175

**1. PLACE OF DEATH**

County Howell  
Township Howell  
City West Plains

Registration District No. 384  
Primary Registration District No. 5535

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Joseph Edward Burroughs

(a) Residence, No. Rover Route. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ada Watson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 11, 1867</b>		
7. AGE YEARS <b>65</b>	MONTHS <b>5</b>	DAYS <b>4</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farmer</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Own farm</b>
10. Date deceased last worked at this occupation (month and year) <b>September, '34</b>	11. Total time (years) spent in this occupation <b>Life</b>

12. BIRTHPLACE (CITY OR TOWN) **White Church, Mo.**  
(STATE OR COUNTRY)

FATHER 13. NAME **Geo. W. Burroughs**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **Tenn.**  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Eleanor Thomas**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **Tenn.**  
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Ada Burroughs**  
(ADDRESS) **West Plains, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **West Plains, Mo.** DATE **Feb. 17, 1935**

19. UNDERTAKER **Hal Thornburgh**  
(ADDRESS) **West Plains, Mo.**

20. FILED **2-16-35** **Vida W Simons**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/15/35**, 19 .....

22. I HEREBY CERTIFY, That I attended deceased from **1/14/34**, 19 ....., to **2/15/35**, 19 .....

I last saw him alive on **Feb. 14th**, 19 **35** Death is said to have occurred on the date stated above, at **2:15 p.m.**

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

**Septicaemia, acuta, about 2/1/35 (Cystitis, chronic, with acute exacerbation.)**

**137**

Other contributory causes of importance: **Prostatitis, Chronic with hypertrophy and urinary retention.**

Name of operation **none** Date of .....  
What test confirmed diagnosis? **Clinical** 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 ..... 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 **Ant. Thornburgh, M.D.**, M. D.  
(Signed) **West Plains, Mo.**  
(Address)

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.

