

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

Do not use this space.

MAR 14 1935

7708

1. PLACE OF DEATH
 98 County St. Charles Registration District No. 80 1/2
 Township _____ Primary Registration District No. 4451
 1 City Doubling (No. _____) St. _____ Ward _____
 3
 2. FULL NAME Albida 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF David Burns
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4-1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 : 24
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work housekeeper at home
 (b) General nature of industry, business, or establishment in which employed (or employer) at home
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North York Co. Va
 10. NAME OF FATHER Wm de Hook m
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Morfan Co. D
 12. MAIDEN NAME OF MOTHER Mary Foster
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Morfan Co. D
 14. INFORMANT Ray Burns
 (Address) at Doubling Va
 15. FILED Mar 35 J. P. Bridge REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 28 1935
 17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1935, to Feb 28, 1935 that I last saw alive on Feb 28, 1935, and that death occurred, on the date stated above, at 12:30 m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Labor
 (duration) yrs. 0 mos. 3 ds.
 CONTRIBUTORY (SECONDARY) influenza
 (duration) yrs. 10 mos. 10 ds.
 18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? physical
 (Signed) J. P. Bridge, M. D.
 (Address) Doubling Va
 *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 Memphis Va DATE OF BURIAL Mar 2 1935
 20. UNDERTAKER Payne & Sons ADDRESS Memphis Va

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.

