

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.

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

Do not use this space.

12211

MAY 26 1935

1. PLACE OF DEATH

19 County Cass Registration District No. 162
Township W. Peculiar Primary Registration District No. 5227
City Peculiar (No.) St. Ward

2. FULL NAME

Claude Burney
(a) Residence, No. 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 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 Ella Burney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Nov 1934 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peculiar Mo

FATHER 13. NAME Robert S. Burney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copper Mo

MOTHER 15. MAIDEN NAME Mary J. Adams

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

17. INFORMANT Mrs. Claud Burney (ADDRESS) Peculiar Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Peculiar Mo DATE 4/26 1935

19. UNDERTAKER B. R. Brown & Sons (ADDRESS) Peculiar Mo

20. FILED 4/26 1935 Marion V. Robbins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17 1935 to April 24 1935

I last saw him alive on April 24 1935 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Chs. Interstitial nephritis Date of onset ?

Other contributory causes of importance: None known 12/1 4/23/35

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) Marion V. Robbins, M. D. (Address) Peculiar, Mo

