

JUN 26 1935

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

Do not use this space.

13881

1. PLACE OF DEATH

County Phelps Registration District No. 676
Township _____ Primary Registration District No. 4402
City Newburg (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 10

2. FULL NAME

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

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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Newburg MO

13. NAME James Burston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co MO

15. MAIDEN NAME Lucy Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo.

17. INFORMANT (ADDRESS) Lucy Foster

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Olive DATE May 1 1935

19. UNDERTAKER (ADDRESS) Lee Johnson

20. FILED May 1st 1935 B. B. Burch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1935 to Apr 30 1935

I last saw him alive on Apr 30 1935 Death is said

to have occurred on the date stated above, at 2 P m.

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

Long Pneumonia Date of onset _____

Other contributory causes of importance:

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? no

If so, specify _____

(Signed) B. B. Burch, M. D.

(Address) Newburg 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.

