

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

Do not use this space.

15256

1. PLACE OF DEATH JUN 4 1935

County Schuyler

Registration District No. 805

File No. 50

Township Lancaster

Primary Registration District No. 4484

Registered No. _____

City Lancaster (No. _____)

St. _____ Ward _____

2. FULL NAME Junior T. Burns

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

St. _____ Ward _____

(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

Clara Burns

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

Aug. 4 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

49

8

24

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Cop. owner

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)

Lancaster
mo.

FATHER

13. NAME

J. T. Burns

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

Ill.

MOTHER

15. MAIDEN NAME

Hannah Graves

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

mo.

17. INFORMANT
(ADDRESS)

Mrs. Clara Burns
Lancaster mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE 2007 Cemetery DATE Apr. 30 1935

19. UNDERTAKER
(ADDRESS)

John A. Roberts
Lancaster mo.

20. FILED

May 6 1935 Byrdie W. Haskins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from
Apr. 5 1934, to Apr. 28 1935

I last saw him alive on Apr. 27 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:

Acute Indigestion

Date of onset
Apr. 29

Other contributory causes of importance:

Chronic Indigestion

Name of operation

Date of _____

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), state 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

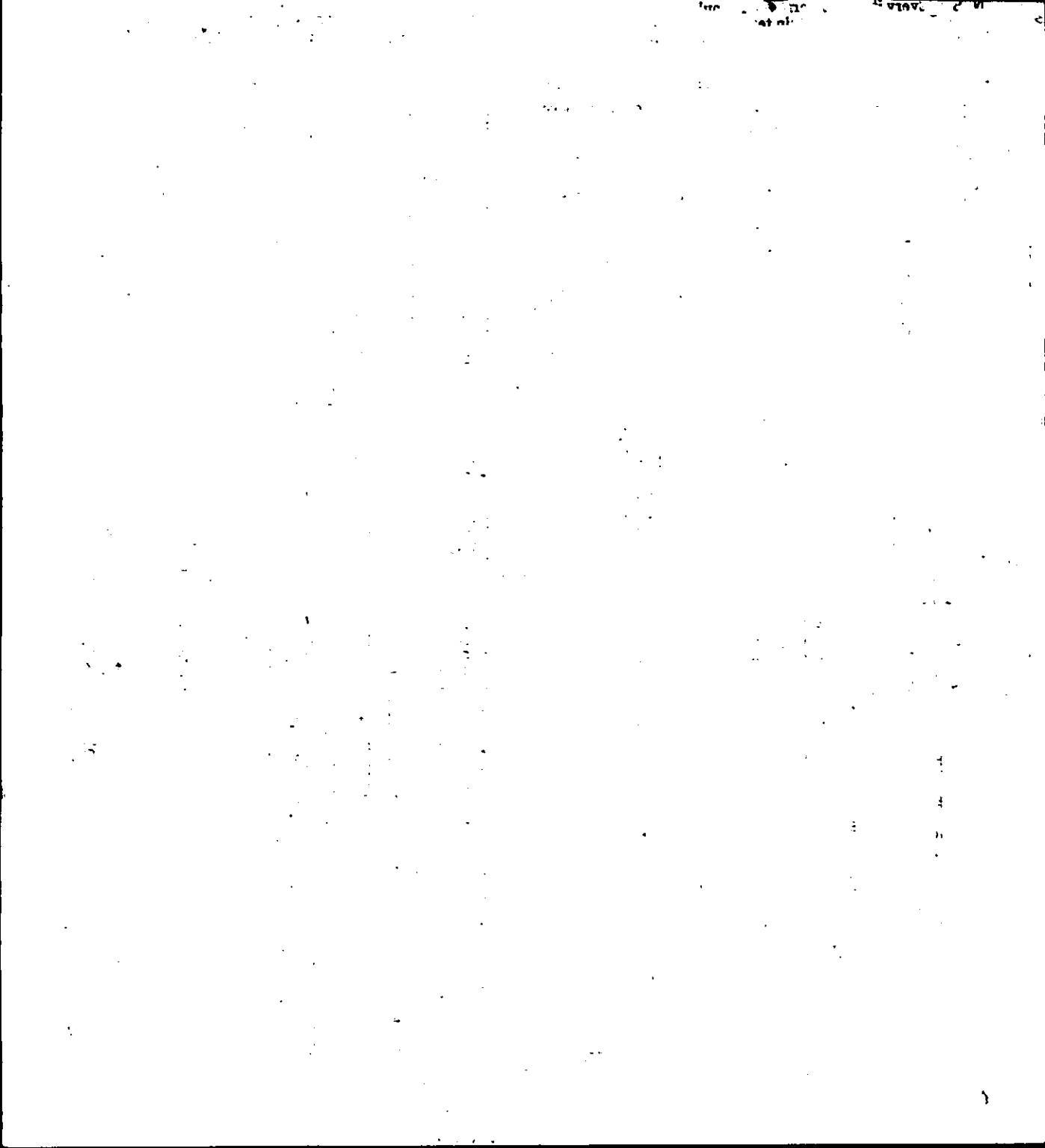
(Signed)

Carl J. Davidson

(Address)

Lancaster, 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.



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

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1. PLACE OF DEATH

County Schuylers
Township Laurel
City Laurel (No. _____)

Registration District No. 805
Primary Registration District No. 4484

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Junior J. Burns (BURNS)

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 8 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Jan. 30, 1935 A. J. Drake Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____ Death is said

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

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

acute indigestion Date of onset _____

at 3:45 p.m.

Chronic Gastritis

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), list 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) _____, M. D.

(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.

JUN 16 1935.

S-15256