

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.

JUL 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County *Saline*

Registration District No. *796*

Township

Primary Registration District No. *3038*

City *Marshall*

(No. *635* *Eastwood*)

File No. *18628*

Registered No. *82*

St. _____ Ward _____

2. FULL NAME *Oliver T. 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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) *Mrs. Jennie Burns*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 30, 1864*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *70 7 22*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Mo. State School*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. *20*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miami Mo.*

13. NAME *John Burns*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miami Mo.*

15. MAIDEN NAME *Keziah Jane Jessup*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miami Mo.*

17. INFORMANT (ADDRESS) *Mr. Lucile Oquist Marshall, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ridge Park Cem* DATE *May 24* 19*35*

19. UNDERTAKER (ADDRESS) *Shott + M. Cary Marshall, Mo.*

20. FILED *May 23, 1935 Helen Weston Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *April 30*, 19*34* to *May*, 19*35*

I last saw him alive on *May 22*, 19*35* 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:

Myocarditis
Asphyxia
Pulmonary edema

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clueal* 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 _____

(Signed) *John R. Lawrence*, M. D.

(Address) *Marshall, Mo.*

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