

Do not use this space.

35860-1

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

File No.
Registered No. 5 St. Ward)

Original copy
lost in transit
in Dec, 1935

41 330

1. PLACE OF DEATH
County Harrison Registration District No. 336
Township Primary Registration District No. 4199
City Cainsville (No. St. Ward)

2. FULL NAME Mary A Burrows

(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 F 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 Joseph H Burrows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 7 17

OCCUPATION

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... 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oleaus Co, Ky.

MOTHER FATHER

13. NAME Lorena Shaw

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

15. MAIDEN NAME Bornilia Lewis

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

17. INFORMANT Winnie B. Odum
(ADDRESS) Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Daklar DATE 11-20 1936

19. UNDERTAKER E. J. Stoklasa
(ADDRESS) Cainsville

20. FILED 1/19 1936 C. E. Odum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to Nov. 17 1935

I last saw h. alive on 4-15 1935. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:
General Arteriosclerosis (Date of onset)

(General Arteriosclerosis)

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?
If so, specify

(Signed) H. Hall M. D.
(Address) Cainsville 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.

