

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

Do not use this space.

FEB 11 1936

791

41933

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis Mo. (No. 3025A Delmar Blvd) St. _____ Ward _____

2. FULL NAME

Laura Burns
 (a) Residence, No. 3025A Delmar Blvd. 21 Ward. (If nonresident, give city or town and State)
 (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 Female 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 21

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

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) Nashville Tenn

13. NAME Samuel Jordan

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

15. MAIDEN NAME Laura Jordan

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

17. INFORMANT Robert Mason

(ADDRESS) 3025A Delmar Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE 1-2 1936

19. UNDERTAKER Ellis Funeral Home

(ADDRESS) 2820 St. Louis St.

20. FILED IN St. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935, to Dec 26 1935

I last saw her alive on Dec 26 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

_____ Date of onset _____

Lobar Pneumonia

11a

Other contributory causes of importance: _____

Influenza

Name of operation no Date of _____

What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1935

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. J. Easton, M. D.
 (Address) 2817 E. Easton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

10038-11-23-35

