FEB 19 1936

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

Do not use this space.

1994

1. PLACE OF DEATH
County: Lewis
Registration District No.: 477
File No.:
Township:
Primary Registration District No.: 4286
Registered No: 21
City: Canton (No. ..., St. ..., Ward)

2. FULL NAME: Isabella I. Montgomery 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: Female
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: Elisha Burrows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 4-1841

7. AGE: Years 94 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired housewife
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): Danville Kentucky

FATHER
13. NAME: Wm. Montgomery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Paulina Oldham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Mrs. Jane Smith, Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Canton, Mo. DATE: Jan. 9, 1936.

19. UNDERTAKER (ADDRESS): Earl H. Barkley, Canton, Mo.

20. FILED Jan. 8, 1936 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 7, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1936 to Jan. 7, 1936, I last saw her alive on Jan. 7, 1936. Death is said to have occurred on the date stated above, at 10 P. a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Jan. 3

Other contributory causes of importance:

Name of operation: ... Date of ...
What test confirmed diagnosis? None 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) [illegible] M. D.
(Address) Canton

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.

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

MARGIN RESERVED FOR BINDING

V. ● No. 2
100M-11-24-33