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.

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 4756

Township — Primary Registration District No. 1001 — Registered No. 301

City St. Joseph. (No. Missouri, Metodist Hospital St. Ward)

2. FULL NAME Florence P. Burrows

(a) Residence, No. St., Ward. Cainsville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 5 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William O. Burrows

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug, 5, 1898

7. AGE: YEARS 37 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): Cainsville, Mo.

FATHER

13. NAME: James Pelikan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Czecho-Slovika

MOTHER

15. MAIDEN NAME: Mary Tobias
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Czecho-Slovakia

17. INFORMANT (ADDRESS): William O. Burrows Cainsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cainsville, Mo. DATE Mar, 2, 1926, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 2-29. 1936 John R. Benkens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb, 29, 1936, 19

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

I last saw her alive on 2-29-, 1936. Death is said to have occurred on the date stated above, at 11.30 A.M.

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

Pneumonia, Lobar — Date of onset 2-21-36

Other contributory causes of importance:

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Name of operation None — Date of

What test confirmed diagnosis? Xray + Clinical — Was there an autopsy? Yes

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) Paul Fongrave, M. D.

(Address) Tootle Bldg. St. Joseph, Mo.