

MAR 18 1936

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

Do not use this space.

5309

1. PLACE OF DEATH

County Dunklin Registration District No. 287
Township Saline Primary Registration District No. 3405 File No. _____
City Marion No. _____ Registered No. 8 St. _____ Ward _____

2. FULL NAME

Robert Franklin 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WEDDED, OR DIVORCED
HUSBAND OF Martha Burns
(OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1955

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 3 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gas Per Mo13. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT Van H Burns
(ADDRESS) St Louis Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Cade Cemetery DATE Mar 23 193619. UNDERTAKER M. Daniel Thomas
(ADDRESS) Marion Mo20. FILED 4/24 1936 E. G. Cape
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22 1936I HEREBY CERTIFY, That I attended deceased from Feb 16 1936 to Mar 22 1936I last saw him alive on Mar 9 1936 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Lobar pneumonia (Date of onset 7/8)7/8Other contributory causes of importance: Pneumo-cystitis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) E. G. Cape, M. D.
(Address) Homeville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

