

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

Do not use this space.

JUN 17 1936

18843

1. PLACE OF DEATH

County Cedar
Township Box
City (No.)

Registration District No. 163
Primary Registration District No. 5228

File No.
Registered No. 29 St. Ward

2. FULL NAME JULIA BURRIS

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1903		
7. AGE 32	YEARS 11	MONTHS 23
DAYS 23		If LESS than 1 day, hrs. or min. <u> </u>

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lived at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. with her parents
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) Cedar County, Missouri

FATHER 13. NAME Chas Burris

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Conner

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Chas Burris (Father)
(ADDRESS) Eldorado Springs, Mo.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel Dell (cem) DATE 5/12/1936

19. UNDERTAKER Gwinn - Siders
(ADDRESS) Eldorado Springs, Missouri

20. FILED 5/11/1936 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11 1936**

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1936, to May 11, 1936.
I last saw him alive on January 26, 1936. Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis about Aug. 1935
Date of onset

Other contributory causes of importance: None

Name of operation None 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) J. B. Williams, M. D.
(Address) Eldorado Springs, 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.

