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.

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

Do not use this space.

18971

File No. .....

Registered No. 60

JUN 17 1936

1. PLACE OF DEATH

County Cooper — Registration District No. 218

Township ..... — Primary Registration District No. 3015

City Boonville (No. 813 E. High St ..... St. ..... Ward)

2. FULL NAME Arthur Burnham

(a) Residence, No. 813 E. High St., ... 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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary B. Burnham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 20, 1879

7. AGE: Years 57 | Months 1 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Boone Co. Mo.

FATHER

13. NAME William Burnham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) William Burnham Boone Co. Mo.

MOTHER

15. MAIDEN NAME Mary Bass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Connie Burnham Boonville Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE May 14 1936

19. UNDERTAKER (ADDRESS) J. Meister Boonville Mo.

20. FILED May 13, 1936 O. B. Hooper 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 May 4, 1936, to May 11, 1936

I last saw him alive on May 10, 1936. Death is said to have occurred on the date stated above, at 2:10 a. m.

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

	Date of onset
Broncho-Pneumonia	5-4-36

Other contributory causes of importance: myocarditis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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) T. C. Puckett, M. D.

(Address) Boonville, Mo