

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

Do not use this space.

21628

1. PLACE OF DEATH

County *Saline*
Township
City *Marshall*

Registration District No. *796*
Primary Registration District No. *B098*
(No. *Mo. State School*)

File No.
Registered No. *113*
St. Ward

2. FULL NAME

(a) Residence, *State School, Marshall, Mo.*, St. Ward.

Length of residence in city or town where death occurred *18* 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 *M* 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 10, 1906*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Custodial care*
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) *Platte Co, Mo*

FATHER
13. NAME *Ray Burston*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER
15. MAIDEN NAME *Fula Stessel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *State school record Marshall Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mo. State School* DATE *May 28, 1936*

19. UNDERTAKER (ADDRESS) *Short & Hill Quarry Marshall Mo*

20. FILED *May 28, 1936 Helen Burston*

Helen Burston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 27, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 2, 1927* to *May 27, 1936*. I last saw her alive on *May 27, 1936*. Death is said to have occurred on the date stated above, at *2:15 P.M.*

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

Chronic Myocarditis
Date of onset ?
Other contributory causes of importance: *None*

Name of operation *None* Date of *None*
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) *W. K. Pope* M. D.
(Address) *Marshall 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.

