

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.

25880

1. PLACE OF DEATH

County Cedar
Township Washington
City Washington (No. 165)

Registration District No. 165
Primary Registration District No. 8233

File No. Sept 8. 1936
Registered No. 177
St. Washington Ward.

2. FULL NAME

(a) Residence, No. Baby BURNS St. Washington Ward. Washington

(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 Male 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) July 24-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Cedar Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Alton Burns

14. BIRTHPLACE (CITY OR TOWN) Cedar Co. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lucy Purtle

16. BIRTHPLACE (CITY OR TOWN) St. Clair (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) L. A. Burns

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Spgs. DATE 7/26 1936

19. UNDERTAKER (ADDRESS) unknown

20. FILED Sept 8. 36 Mrs. R. G. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24 1936, to July 25 1936. I last saw him alive on July 24 1936. Death is said to have occurred on the date stated above, at 9 P. M. The principal cause of death and related causes of importance were as follows:

Cause of death
unknown

Other contributory causes of importance:

Name of operation gastro Date of gastro
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 1936
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 gastro
Nature of injury gastro

24. Was disease or injury in any way related to occupation of deceased? If so, specify gastro
(Signed) H. A. Smith, M. D.
(Address) St. Clair Mo

