

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township.....
City Boonville (No.....)

Registration District No. 218
Primary Registration District No. 3013-

44201
File No.....
Registered No. 140
St. Ward)

2. FULL NAME William Burnham

(a) Residence, No. 9th Morgan 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17th = 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 14

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

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) Nov. 1, 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Mo.

MOTHER FATHER 13. NAME William Burnham

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

15. MAIDEN NAME Mary Bass

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

17. INFORMANT Wm Burnham (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville City DATE Dec 5th = 1936

19. UNDERTAKER Schwartz Stegner (ADDRESS) Boonville Mo.

20. FILED Dec 4 1936 St. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd = 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936, to Dec 2, 1936

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 10:45 a.m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Chest Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? F 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 F

Nature of injury F

24. Was disease or injury in any way related to occupation of deceased? F

If so, specify

(Signed) H. D. Dugg, M. D.
(Address) Boonville, Mo.

