

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

Do not use this space.

Jan 27 1937

47259

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township

Primary Registration District No. 3028

City Marshall

(No. _____)

St. _____ Ward _____

File No. _____

Registered No. 238

2. FULL NAME William Summerfield Burns

(a) Residence, No. 169 South Elsworth 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 3 13

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) Miami Missouri

13. NAME John Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Miziah Jane Jessup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs W. E. Williams
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miami Mo. DATE Jan. 1 1937

19. UNDERTAKER T. D. Campbell
(ADDRESS) Marshall, Mo.

20. FILED Jan. 1 1937 Helena Riquity Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1936

I HEREBY CERTIFY that I attended deceased from Dec 26 1936 to Dec 30 1936. I last saw him alive on Dec 30 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:

Ch Myocarditis Date of onset 1930

Other contributory causes of importance hypertension 1928

Name of operation _____ Date of _____
What test confirmed diagnosis Chloroform with necropsy

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. E. Williams M. D.

(Address) Marshall Mo.

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.

