FEB 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 398 — File No. 1205
48 Township BLUE — Primary Registration District No. 5554 — Registered No. 26
City ..... (No. FREDERICK & KIGER ROAD. ROUTE NO. 2. St. ..... Ward)

2. FULL NAME STODDARD D. BURRELL. 2
(a) Residence, No. FREDERICK & KIGER ROAD. ROUTE NO. 2. Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 10, 1861

7. AGE — YEARS: 75 — MONTHS: 9 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED MECHANIC 2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. PUBLIC SERVICE CO.
10. Date deceased last worked at this occupation (month and year) 14 YEARS
11. Total time (years) spent in this occupation 8 YEARS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH ADAMS MASS. 2

FATHER
13. NAME DANIEL BURRELL 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD MASS. 2

MOTHER
15. MAIDEN NAME FRANCES (NO RECORD)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD MASS

17. INFORMANT (ADDRESS) MRS. MARY FRANCES SMITH ROUTE NO. 2. BOX 858 INDEPENDENCE, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE FLORAL HILLS DATE JAN. 21, 1937, 19

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME. 815 W. MAPLE AVE. INDEPENDENCE, MO.

20. FILED 1-21-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 19. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sixty Cornu, 19 to ....., 19
I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary thrombosis	

Other contributory causes of importance: 948

Name of operation ..... Date of .....
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 ....., 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) [signature]

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.

JAN 2 1948