

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 286
Township Belmont Primary Registration District No. 5404
City (No. _____) St. _____ Ward _____

File No. 11774
Registered No. _____

2. FULL NAME

Baby Burr (Infant)
(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 1937</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>		
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 _____

MOTHER / FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin CO MO

13. NAME Here Burr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson ark; Craighead CO ark

15. MAIDEN NAME Wesley miles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin CO MO

17. INFORMANT Here Burr
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Land em DATE 3-21 1937

19. UNDERTAKER Granitty
(ADDRESS)

20. FILED 3-2 1937 J Anderson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
unattended by a Physician (Date of Onset)
Congenital Valvular Heart Disease.
Other contributory causes of importance: _____
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) George J. Gilmore D.D.
(Address) Belmont Dunklin CO 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

