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.

15243

1. PLACE OF DEATH MAY 15 1937

County Jackson — Registration District No. 395

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3921 Wyandott Street St. Ward)

File No.

Registered No.

2. FULL NAME Miss Genevive Stafford Burrows

(a) Residence, No. 3921 Wyandott St., St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 3 1869

7. AGE: Years 67 — Months 4 — Days 12 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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): Princeton Missouri

FATHER

13. NAME: James Burrows

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Jennie Parrish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Abbington Illinois

17. INFORMANT (ADDRESS): James Burrows Jr. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE April 15 1937

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel Kansas City Missouri

20. FILED Apr 15 1937 M. M. Brown Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1936, to Apr 14 1937

I last saw h. alive on Apr 14 1937. Death is said to have occurred on the date stated above, at 12-30 P.M.

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

Acute myocarditis with Chronic Arthritis

Date of onset

Other contributory causes of importance:

Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

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) Hester Lappenfield D.O. M.D.

(Address) 3812 State Line

Kansas City Kan

Dr Nestor
Sofferman
3812 [illegible]
[illegible]