Jas. W. MAY 21 1937

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

Do not use this space.

File No. 16622

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408

Township: — Primary Registration District No. 3020

City: Carthage (No. McCune-Brooks Hospital St. Ward)

2. FULL NAME John Edward Burroughs

(a) Residence, No. 526 Oak 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 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

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

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) Carthage Missouri

FATHER

13. NAME James E. Burroughs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield Illinois

MOTHER

15. MAIDEN NAME Gertrude L. Highley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Missouri

17. INFORMANT (ADDRESS) James E. Burroughs Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Hill Cemetery DATE Apr. 3, 1937

19. UNDERTAKER (ADDRESS) Ulmer Funeral Home Carthage, Missouri

20. FILED Apr. 3, 1937 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1937, to Apr. 2, 1937

I last saw h. ~~man~~ alive on Apr. 1, 1937 Death is said to have occurred on the date stated above, at 8:00am

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

	Date of onset
Cerebral hemorrhage	3/31/37

34

Other contributory causes of importance:

Breech presentation
Congenital Syphilis

Name of operation none Date of

What test confirmed diagnosis? Lab 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) George H. Wood, M. D.

(Address) Carthage Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.