JUL 27 1937

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

Do not use this space.

23446

1. PLACE OF DEATH
County Christian 1 — Registration District No. 183 — File No.
Township Poxter — Primary Registration District No. 5264 — Registered No. 13
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Thomas H. Burns
(a) Residence, No. Nixa Mo. R1, St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84		11	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

FATHER
13. NAME Thomas H Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Sarah Hurst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Ruth Bolin Nixa R1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Manley Cem DATE 5/28 1937

19. UNDERTAKER (ADDRESS) T.W. Mapler Clever Mo

20. FILED June 28 1937 Ida B. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to July 1 Vest, 19..
I last saw him alive on May 27 1937. Death is said to have occurred on the date stated above, at about 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia — Date of onset 5/20/37

93C

Other contributory causes of importance:
Chronic Myocarditis Aortic Nos

Name of operation X Date of
What test confirmed diagnosis? Physical 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) H. B. Hanson, M. D.
(Address) May 28 1937

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.