

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Johnson*

Registration District No. *431*

Township *1*

Primary Registration District No. *3023*

City *Warrensburg*

(No. *7*)

St.

Ward)

File No. *38003*

Registered No. *114*

2. FULL NAME

(a) Residence, No. *Infant Daughter of Mrs & Mrs Keith Burr*

St.

Ward.

(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct - 30 - 1937*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 12 hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Warrensburg Mo*

FATHER

13. NAME *Keith Burr*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *W. Va.*

MOTHER

15. MAIDEN NAME *Mary Ellen Siz*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Warrensburg Mo*

17. INFORMANT (ADDRESS) *Keith Burr Warrensburg*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Super Hill* DATE *Oct. 31 1937*

19. UNDERTAKER (ADDRESS) *Sweeney Shellen Warrensburg Mo*

20. FILED *Nov 1 1937* *Erna Bentley* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 31 - 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 30 - 1937*, to *Oct 31 1937*.

I last saw her alive on *Oct 31 1937*. Death is said to have occurred on the date stated above, at *6:30 A. m.*

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

Mal-formation of heart valves

Date of onset

Other contributory causes of importance:

1570

Name of operation

Date of

What test confirmed diagnosis? *physical* 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

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) *R. F. Williams*, M. D.

(Address) *Warrensburg Mo*

