

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

46048
Do not use this space.

JAN 20 1938

1. PLACE OF DEATH

(a) County Muler Registration District No. 561
 (b) Township Saline Primary Registration District No. 4330
 (c) City Adair (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William J. Burris
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Burris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1861
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 9 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 26 1/2

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

FATHER
 13. NAME Miles H. Burris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Nancy Burck

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

17. INFORMANT (ADDRESS) Frances Burris
Adair, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adair, Mo. DATE 11-21 1937

19. FUNERAL DIRECTOR (ADDRESS) Phillips' Fun. Home
Adair, Mo.

20. FILED Nov 27 1937 Belle Hayes
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1937
 22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Nov 19 1937
 I last saw him alive on Nov 19 1937 Death is said to have occurred on the date stated above, at 7:1 P.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 11/15/37
Uraemic Coma
 Other contributory causes of importance:
Chronic Nephritis
Arterio Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clement 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? No
 If so, specify _____
 (Signed) G. D. Walker, M. D.
 (Address) Adair, 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.

STATEMENT BY LICENSED EMBALMER

I, W. A. Phillips, Licensed Embalmer No. 1187

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. A. Phillips

..... L. E.

No. or by Registered Apprentice No. 1187
working under my personal supervision.

Signed W. A. Phillips

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)