

JAN 24 1938

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

46591  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Francois Registration District No. 775  
(b) Township Bonny Primary Registration District No. 6020-A Registered No. 94  
(c) City Bonne Terre (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 Jhos. Burr  
(a) Residence, No. Bonne Terre Mo 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 Mannie Burr  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1882  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 3 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Py. Brokerman  
9. Industry or business in which work was done, as 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) Georgetown Missouri

FATHER 13. NAME Cliska Burr

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown England

MOTHER 15. MAIDEN NAME Martha Reed

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

17. INFORMANT (ADDRESS) Mannie Burr  
Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE S. J. Cemetery DATE 12/26/37

19. FUNERAL DIRECTOR (ADDRESS) Benham Undert Co  
Bonne Terre Mo

20. FILED Dec. 26, 1937 N. W. Howlin  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1937  
22. I HEREBY CERTIFY, That I attended deceased from By Inquest 12-23 1937  
I last saw him all over Death is said to have occurred on the date stated above, at 8:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Jury's Verdict -  
Accidental Death

Other contributory causes of importance: \_\_\_\_\_  
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) Eleanora Hornel, Coroner, Mo.  
(Address) 1st Ave, 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.

2302

STATEMENT BY LICENSED EMBALMER

I, C. J. Claywell, Licensed Embalmer No. 3706

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

C. J. Claywell L. E. No. ....

or by..... Registered Apprentice No. ....

working under my personal supervision.

Signed C. J. Claywell  
Licensed Embalmer No. 3706

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

465-91

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1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 778-  
 (b) Township \_\_\_\_\_ Primary Registration District No. 6020A Registered No. \_\_\_\_\_  
 (c) City Bonne Terre (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 Thos. Burr  
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
|        | <u>55</u> | <u>3</u> | <u>10</u> |  |

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. \_\_\_\_\_

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) \_\_\_\_\_

FATHER

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED 7/11 1938 Eleana Bonnie Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Just Verdict

accidental death  
due to injuries received  
in a collision between  
an automobile driven by  
Raymond Carter and a No. 14  
train

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide accidental death of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? Bonne Terre Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Intersection of Highway & Railroad  
 Manner of injury collision  
 Nature of injury Internal

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Eleana Bonnie Coroner  
 (Address) Flat 200 no

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

