

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Paris
City Paris Mo

Registration District No. 399
Primary Registration District No. 100
(No. St. Joseph Mo)

File No. 1657
Registered No. 345
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 118 Paris 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1907

7. AGE YEARS 30 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Tola Kans.

13. NAME Rufus Burgess

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

15. MAIDEN NAME Maggie Carluse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Kans.

17. INFORMANT Wilma Evans (ADDRESS) 918 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE Tola Kans. DATE 1-24 1938

19. UNDERTAKER Crest Mort (ADDRESS) 119 E. 18th - K. C. Mo.

20. FILED Jan 23, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him Deputy Coroner 19____. Death is said to have occurred on the date stated above, at 10:00 p.m.

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

Suicide
Phenol Poisoning

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 1-20-38

Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Suicide Poison
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Russell W. Sen 4, M. D.
(Address) St. Louis

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.

RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH.

MAR 16 1955