

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

Do not use this space.

1. PLACE OF DEATH

35 County Dunklin
Township Freemont
(No. 652)

Registration District No. 284
Primary Registration District No. 4168
5403

File No. 2637
Registered No. 2
St. _____ Ward)

2. FULL NAME

Wanda Fay Burns 652

(a) Residence, No. _____ 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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child
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) Dunklin Co. Mo.

FATHER 13. NAME Ed. Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rector Ark.

MOTHER 15. MAIDEN NAME Norma Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

17. INFORMANT Ed Burns
(ADDRESS) Holcomb Mo R1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Line City Holcomb DATE 1-11 1938

19. UNDERTAKER W. H. Dray
(ADDRESS) Rehoboth Ark.

20. FILED 1-10 1938
J. P. Steinmetz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1938, to 1-10 1938

I last saw her alive on 1-9 1938. Death is said to have occurred on the date stated above, at 2 P. m.

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

Lobar Pneumonia Date of onset 1-3

Other contributory causes of importance: Influenza 12-27

Name of operation _____ Date of _____
What test confirmed diagnosis? Alcohol 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) J. P. Steinmetz M. D.
Clarkton Mo
2637 (Address)

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 24 1938

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