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

Do not use this space.

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1. PLACE OF DEATH

County Saline — Registration District No. 797 — File No. 4267

99 Township Miami — Primary Registration District No. 6040 — Registered No. 1

City ~~none~~ (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Missouri Ann Burnside 652

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: femal
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 24, 1852

7. AGE: YEARS 84 — MONTHS 2 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Saline Co. Mo. 0

FATHER
13. NAME Joseph Ardsley 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Margaret Whitehead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. Susie Elson R.R.D. Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harmony cemetery DATE 1/21/'38, 19

19. UNDERTAKER (ADDRESS) Hill Brothers Slater, Mo.

20. FILED 1-21- 1938 Mrs. Aubrey Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th, '38

22. I HEREBY CERTIFY, That I attended deceased from Jan-13 1938 to Jan-20, 1938
I last saw her alive on Jan-19, 1938. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1-13-38

Other contributory causes of importance: 100

Name of operation X — Date of X
What test confirmed diagnosis? Physical — 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) Frank Hullhouse M. D.
(Address) Miami, Mo.

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
FEB 28 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH