

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.

REC'D MAR 24 1938

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

Do not use this space.

8043
763

1. PLACE OF DEATH

County St. Francis
Township St. Francis
City Edwardsville (No. _____) St. _____ Ward _____

Registration District No. 772
Primary Registration District No. 4463

File No. _____
Registered No. _____

2. FULL NAME

Malissie Ann Burns 652

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 29 - 1864</u>				
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>				
9. Industry or business in which work was done, as mill, saw mill, bank, etc. <u>Daughters home</u>				
10. Date deceased last worked in this occupation (month and year) <u>3-8-38</u>				
11. Total time (years) spent in this occupation <u>50</u>				

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Crowford Co mo

FATHER 13. NAME Robert Pfluebrangh

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
County of Crawford

MOTHER 15. MAIDEN NAME Mary Dilsby

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Crowford Co

17. INFORMANT (ADDRESS)
Ed Burns

18. BURIAL, CREMATION, OR REMOVAL PLACE Layne Cem DATE 3/10/38

19. UNDERTAKER (ADDRESS)
Sparks and Co

20. FILED 3/10 1938 OB Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-6-38 to 3-8-38

I last saw him alive on 3-6-38 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Myocarditis
Atherosclerosis

Other contributory causes of importance: heart

Name of operation _____ Date of _____

What test confirmed diagnosis? exam 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) OB Harris, M. D.

(Address) 157 West River MO

