

1938 SEP 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Laird Registration District No. 470
Township 4 Primary Registration District No. 4283
City Mt Vernon (No. 652) St. 100 Ward

File No. 29333

Registered No. 100

2. FULL NAME

Frank Burns
(a) Residence, No. Mt Vernon, MO, St. 100 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lucy Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10th 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
86 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peace Officer
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) Ohio

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Geo Burns
(ADDRESS) Mt Vernon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 DATE Aug 21 1938

19. UNDERTAKER Fossitt Funeral Home
(ADDRESS) Mt Vernon Mo

20. FILED Aug 20 1938 P. A. Holmes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to Aug 12, 1938
I last saw him alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 5:30 m.

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

Angina Pectoris
946

Other contributory causes of importance:
Myocarditis Chronic

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? _____ 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) B. D. Baul 80
(Address) Mt Vernon 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-145

Date Filed 9-20-38