

SEP 16 1938

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

29663  
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 653  
(b) Township Hayti Primary Registration District No. 5864 Registered No. 91  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Augustine Burns

(a) Residence, No. Hayti R 1 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant  
9. Industry or business in which work was done, as 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) Pemiscot Co. Mo.

FATHER 13. NAME J. T. Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

MOTHER 15. MAIDEN NAME Robbie Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lombarder Miss.

17. INFORMANT (ADDRESS) Bob Wallace Hayti R 1 Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti Mo. DATE Aug 31 1938

19. FUNERAL DIRECTOR (ADDRESS) T.J. Smith Hayti Mo.

20. FILED 8-31 1938 JWR Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1938

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 A.M.

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

I dont know this baby was born without medical attention.

Other contributory causes of importance: 200 lb

Name of operation ..... Date of NO  
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) Jack Kelley Coroner Hayti Mo.  
(Address) 586

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**