

REV. DEC 16 1938

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

Do not use this space.

38790

1. PLACE OF DEATH

15 County Camden 2
Township Osage
City Camden R.F.D.

Registration District No. 117
Primary Registration District No. 5167

File No. 34
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 652 Joyce Burna [JOYCE BURNS]
(Usual place of abode) Camden mo Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 14 - 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Laclede Co mo. 0

13. NAME John William Burns

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. mo. 0

15. MAIDEN NAME Minnie Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co mo. 0

17. INFORMANT (ADDRESS) J.W. Burns Camden, mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cem. DATE Dec 2 1938

19. UNDERTAKER (ADDRESS) Bankson - Woolery Camden, mo

20. FILED 12-6-1938 Lizzie Heller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1937 to Nov 30 1938

I last saw her alive on Nov 30 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:
Septic Endocarditis

Other contributory causes of importance:
Myocarditis

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) J.W. Burns M. D.
Camden, mo (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MO-10-225-38 MO-1 X3314

RECEIVED

District Health Officer No. 7,

District File Number 7-38-576

Date Filed 12-10-38