DEC 1 JAN 14 1939

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

43085
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE
(b) Township
(c) City SPRINGFIELD
(d) Street No. Burge Hospital 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.

Registration District No. 318
Primary Registration District No. 2001 Registered No. 949

2. PRINT FULL NAME David Wesley Burrow

(a) Residence, No. 523 Lilly St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1874

7. AGE: YEARS 64 MONTHS 5 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee in Springfield Furniture
9. Industry or business in which work was done, as saw mill, bank, etc. Factory
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) Mo

FATHER
13. NAME Isom Burrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Daisy Burrow Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL Wesley Chapel Cemetery DATE Dec 11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Pettigrew & Co Springfield Mo.

20. FILED Dec 11 1938 Chas A. George Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to Dec 10, 1938
I last saw h. NM alive on Dec 9, 1938. Death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Urosepsis	
Gangrene of Scrotum	
	1.36 B

Other contributory causes of importance: Perineal fistula

Name of operation None 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 No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James E. Drew, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Roy A. Cavi #1763 ; Warren D. Noblett #4005, or by Wm. Max Rhodes,

Registered Apprentice No. 117, working under my personal supervision.

Signed J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield, Mo

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.)

If this body is not embalmed, above space should be left blank.