

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 JAN 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County Brandy
Township Liberty
City 620 (No. _____) St. _____ Ward _____

Registration District No. 327Primary Registration District No. 5453File No. 45181Registered No. 21

2. FULL NAME

David Allen Burruss

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

-

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

Nov 29-1938

7. AGE

YEARS 0MONTHS 0DAYS 7

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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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)

Galt Mo. P. 32

MOTHER FATHER

13. NAME

Walter G. Burruss

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

Hamilton Mo.

15. MAIDEN NAME

Vester J. Cook

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

Ja. Udell

17. INFORMANT (ADDRESS)

Walter G. Burruss
Galt Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salem, CountryDATE Dec 7 1938

19. UNDERTAKER (ADDRESS)

R. C. Boyer & Son
Galt Mo.20. FILED 12-6-1938W. C. Letterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 6 193822. I HEREBY CERTIFY, That I attended deceased from 12-6-, 1938, to 12-6-, 1938I last saw him alive on 12-6-, 1938. Death is saidto have occurred on the date stated above, at 2:10 P. m.

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

Intestinal stasis,
intestinal cause,Date of onset
12-4-38

Other contributory causes of importance:

Toxemia12-4-38

Name of operation

Date of

What test confirmed diagnosis?

Chemical

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) Walter G. Burruss(Address) Galt, Mo.299

