REC'D FEB 11 1939

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

Do not use this space.

File No. 1848

Registered No. 9

1. PLACE OF DEATH
County: Cape Girardeau
Township: " "
City: Cape " " (No. ..... St. ..... Ward)
Registration District No. 125
Primary Registration District No. 3009

2. FULL NAME Louisa J. Burford

(a) Residence, No. 1112 Harmony St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9th - 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	10	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Gravel Hill Mo.

FATHER
13. NAME John L. Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co.

MOTHER
15. MAIDEN NAME Cornelia Burford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham Ill.

17. INFORMANT Geo. W. W. Ford
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson Cem. DATE Jan. 9th 1939

19. UNDERTAKER Walthus Funeral Home
(ADDRESS) Cape Girardeau Mo.

20. FILED Jan. 7 1939 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1939, to Jan 7th 1939
I last saw her alive on Jan 7th 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical shock following gastric and colonic resection.	8 hours
Other contributory causes of importance: Tumor mass involving stomach and colon.	✓

Name of operation Laparotomy Date of 1/6/39
What test confirmed diagnosis? findings 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) G. B. Schulz, M. D.
(Address) Cape Girardeau, 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.