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 FEB 27 1939

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

3525
Do not use this space.

82
3
0

1. PLACE OF DEATH 2
(a) County Pike Registration District No. 686
(b) Township Primary Registration District No. 4410 Registered No. 1
(c) City Curryville 1 (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 William P. Burroughs
(a) Residence, No. ..... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bulah Burroughs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1858
7. AGE YEARS 81 MONTHS 1 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer,
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 0

FATHER
13. NAME Do not know 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know 9

MOTHER
15. MAIDEN NAME Amelia Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know 9

17. INFORMANT (ADDRESS) Lloyd Burroughs
18. BURIAL, CREMATION, OR REMOVAL MO
PLACE Fairbanks DATE Jan 26 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W S Waters
20. FILED 1-26 1939 Gene Hendrix Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-39
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Jan 25, 1939
I last saw him alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Artisclerosis	1938

99

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) T. H. Wilcoxon, M. D.
(Address) Bowling Green MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-148
Date Filed FEB 7 1939

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, _____, or by _____

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

Signed ~~3321~~ Wm B Wales

Licensed Embalmer No. 3321

P. O. Address Vandalia 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.