

1939 JUN 14 1939

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

18018
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 78
(b) Township Rochport Primary Registration District No. 4046
(c) City Rochport (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 H Burroughs
(a) Residence, No. Rochport Mo St. (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1859
7. AGE YEARS 79 MONTHS 8 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
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) Rochport Mo
13. NAME Levi L. Burroughs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
15. MAIDEN NAME Martha Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia Petersburg
17. INFORMANT (ADDRESS) Miss Clara Hill Rochport Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Rochport DATE April 8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. Powell
20. FILED 5-12- 19 39 Wm H Russell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th 1939
22. I HEREBY CERTIFY, That I attended deceased from 4-6-1939 to _____, 19____
I last saw him alive on 4-6-1939 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset _____
Other contributory causes of importance: chronic arteriosclerosis high blood pressure
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) Wm H Russell, M. D.
(Address) Rochport Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X 16003

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.....

R. Rowlett

Registered Apprentice No.

working under my personal supervision.

Signed.....

R. Rowlett

Licensed Embalmer No. *3183*

P. O. Address *Columbia, N.C.*

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.