

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

Do not use this space.

43238

1. PLACE OF DEATH

County St. Louis Registration District No. 268
Township Washington Primary Registration District No. 5-3-60-A
City Clarksdale (No. 620) St. _____ Ward)

2. FULL NAME

John Phillips Burris
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 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) 3-2-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Clarksdale Mo.

FATHER
13. NAME Raymond Burris

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

MOTHER
15. MAIDEN NAME Fairy Sample

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

17. INFORMANT (ADDRESS) Raymond Burris

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksdale DATE 12-20-39

19. UNDERTAKER (ADDRESS) John J. Burns Clarksdale Mo.

20. FILED 12 / 20, 1939 Mrs. C. M. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1939, to Dec. 18, 1939
I last saw him alive on Dec. 18, 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:

Bronchial Pneumonia Date of onset Dec. 16, 1939
15912
Other contributory causes of importance: Congenital Hydrocephalus

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? Yes
If so, specify _____
(Signed) J. M. Hunter, M. D.
233 (Address) St. Louis, 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.

RECEIVED
District Health Officer No. 11,
District File Number 140-1823
Date Filed JAN 9 1940