N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imports

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

FILED OCT 11 19

Do not use this space.

File No. 31350
Registered No. 30

1. PLACE OF DEATH
County: Benton
Township: East Cole
City: ..... (No. ..... St. ..... Ward)
Registration District No. 59
Primary Registration District No. 5099

2. FULL NAME John Arthur Burns
(a) Residence, No. Lincoln Mo St., Rural
(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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Mariah Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 23 1863

7. AGE: Years 76 | Months 9 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): 1922
11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Ill

FATHER
13. NAME: Wm Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Juliette Warden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs Joe A Burns Lincoln Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brushy Cem DATE: Sept 27 1940

19. UNDERTAKER (ADDRESS): Friends

20. FILED Oct. 2, 1940 Eve Selover, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1940 to Sept 24, 1940
I last saw him alive on Sept 24, 1940. Death is said to have occurred on the date stated above, at 7 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1939

Other contributory causes of importance:

Name of operation: ✓ Date of:
What test confirmed diagnosis? 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) Chas A Frost, M. D.
(Address) Stover Mo

RECEIVED
District Health Officer No. 7,
District File Number 10-40-1394
Date Filed 10-8-40