

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

Do not use this space.

24412

1. PLACE OF DEATH

County Henry
 Township Windsor
 City Windsor (No.)

Registration District No. 14
 Primary Registration District No. 43.11

File No.
 Registered No. 28
 St. Ward

2. FULL NAME

Mollie Duncan Burress.

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF James Monroe Burress.
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-12-1844
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 7 4

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper.
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Samuel Duncan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Parilla Bass

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henry
 (STATE OR COUNTRY)

14. INFORMANT Miss Wall
 (Address) St. Louis, Mo.

FILED July 17, 1929 [Signature]
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-16 1929
 17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to July 16, 1929, that I last saw him alive on July 16, 1929, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis

93 D
 150 (duration) yrs. mos. da.
 CONTRIBUTORY acute nephritis
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 9000
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Arnold, M. D.
 , 19 (Address) Windsor Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo. DATE OF BURIAL July 18, 1929

20. UNDERTAKER Dr. J. C. [Signature] ADDRESS Windsor

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. 1929 42 29 235 31 2

