

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

Do not use this space.

32855

**1. PLACE OF DEATH**

County Henry Registration District No. 351  
 Township Hainesburg Primary Registration District No. 4208 3492  
 City Deerwater (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 21

**2. FULL NAME**

Grace Deziah 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-30-1881</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>8</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933 to Oct 9, 1933  
 I last saw her alive on Oct 9, 1933 Death is said to have occurred on the date stated above, at 8:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cardiac condition, sequelae of retrograde of the blood  
92 P. O. 92 P. O. 92 P. O.  
 Other contributory causes of importance:  
Paralysis Lower Extremities 1932 (Jan.)

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton, Mo.</u>
	13. NAME <u>Homer J. Burris</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Anna Belle Roberts</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>John Dennis Burris Clinton, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	DATE
19. UNDERTAKER (ADDRESS) <u>Misses Funeral Home Clinton, Missouri</u>	
20. FILED	19 <u>33</u>

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) J. J. Russell, M. D.  
 (Address) Deerwater Mo

Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

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