

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

Do not use this space.

39836

1. PLACE OF DEATH

42 County HENRY Registration District No. 347
 4 Township Primary Registration District No. 5488
 2 City CLINTON (No. 3018) St. Ward)

2. FULL NAME

Cassie Burroughs
 (a) Residence, No. 602 W 0410 St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Calvin J.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-4-1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>8</u>
	DAYS <u>3</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>Housewife</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..... <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington, Ill</u>		
FATHER	13. NAME <u>James Neighberger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Mary Priest</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	17. INFORMANT (ADDRESS) <u>Kezia Zumalt Clinton Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Good Hope</u> DATE <u>12-9-33</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wilkinson Clinton Mo</u>		
20. FILED <u>12-8-33</u> <u>J. R. Hampton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb, 193, to Dec 7, 1933
 I last saw her alive on Dec 7, 1933 Death is said to have occurred on the date stated above, at 7:35 PM
 The principal cause of death and related causes of importance were as follows:
Chronic intestinal nephritis (uremia) Date of onset 1930
131
930
132 B
 Other contributory causes of importance:
Chronic myocarditis 1925

Name of operation None Date of
 What test confirmed diagnosis? Clinical 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) S. B. Hughes M. D.
 (Address) Clinton, 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.

JAN 4 1934

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

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31
11

[The main body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be transcribed accurately. There are some faint vertical lines and scattered dark specks throughout the page.]