

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

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.

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

Do not use this space.

MAR 25 1935

1046

1. PLACE OF DEATH

County Henry
Township Deer Creek
City (No.)

Registration District No. 349
Primary Registration District No. 2499

File No.
Registered No. 52
St. Ward

2. FULL NAME

Stephen H Burnside

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) June 8 1882

7. AGE YEARS 52 MONTHS 7 DAYS 19 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. Data 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) Henry Co Mo

13. NAME James Burnside

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Elizabeth Fletcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Roy Burnside Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Hope DATE Jan 29 35

19. UNDERTAKER (ADDRESS) Consalvo & Beck Clayton Mo

20. FILED 2-11-35 ms. a. a. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1935

22. I HEREBY CERTIFY, That I attended deceased from (19 to , 19 I last saw him alive on July 27th 1935. Death is said to have occurred on the date stated above, about 3:30 P.M.

The principal cause of death and related causes of importance were as follows: He hanged himself up a beam on the top of a high straightened beam to death.

Other contributory causes of importance: 163
mentally unbalanced depression & crop emergency.
Name of operation Date
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 July 27 1935
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 Hanged by using a rope.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) (Address)

