

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

Do not use this space.

310

FEB 15 1937

1. PLACE OF DEATH
 County BUCHANAN Registration District No. 85
 Township WASHINGTON Primary Registration District No. 1001
 City ST. JOSEPH, (No. 1312 NORTH 26TH ST.) St. _____ Ward _____

File No. _____
 Registered No. 109

2. FULL NAME DOROTHY BURRIS
 (a) Residence, No. 1312 NORTH 26TH St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 2, 1916				
7. AGE	YEARS 20	MONTHS 3	DAYS 27	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEMAID			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RESIDENCE OF LEONARD GUITAR			
	10. Date deceased last worked at this occupation (month and year) JAN. 29, 1937		11. Total time (years) spent in this occupation 2	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLARKDALE Mo.	
FATHER	13. NAME T. L. BURRIS
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DEKALB Co., Mo.
MOTHER	15. MAIDEN NAME AMANDA DALBY
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DEKALB COUNTY, Mo.
17. INFORMANT MR. & MRS. T. L. BURRIS (ADDRESS) CLARKSDALE, Mo.	
18. BURIAL, CREMATION, OR REMOVAL PLACE CLARKSDALE, Mo. DATE JAN. 31, 1937	
19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, Mo.	
20. FILED Jan 31 1937 AG Matlebach Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 29, 1937**, 19
 viewed

22. **JAN 29** HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **6:00 A.M.**

The principal cause of death and related causes of importance were as follows:
Accidental Asphyxiation
by natural gas

Date of onset **1/29-37**

Other contributory causes of importance: **none**

Name of operation _____ Date of _____ **no**
 What test confirmed diagnosis? **History** 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 _____ **1/29 37**
 Where did injury occur? **St Joseph Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____
 (Signed) **B. W. Taddeesi** Coroner _____, M. D.
 (Address) **St Joseph 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.

