

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 344
Township _____ Primary Registration District No. 4207
City Calhoun (No. 1) St. _____ Ward _____

File No. 23820
Registered No. 15

2. FULL NAME Baby Burns

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo

FATHER
13. NAME Paul Lee Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse Mo

MOTHER
15. MAIDEN NAME Martha F. Steele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

17. INFORMANT (ADDRESS) Paul Burns Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE April 29, 1937

19. UNDERTAKER (ADDRESS) J. B. Housey Calhoun Mo

20. FILED 6-30 1937 Mrs. A. G. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1937
22. I HEREBY CERTIFY, That I attended deceased from _____ 1937 to _____ 1937
I last saw h. _____ alive on Stollom _____ 1937. Death is said to have occurred on the date stated above, at 12:30 am.
The principal cause of death and related causes of importance were as follows:

Stollom, pneumonia (4 ventiles) Date of onset April 20/37

Other contributory causes of importance: None

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 C

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) S. B. Hughes, M. D.
(Address) Calhoun, 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.

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

