

REC'D AUG 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township
City Clinton (No. _____) St. _____ Ward)

Registration District No. 347
Primary Registration District No. 3018

File No. 25707
Registered No. _____

2. FULL NAME

Julia Burns
(a) Residence, No. North Washington 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1875

7. AGE YEARS 64 MONTHS 0 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo.

13. NAME Polissin 9

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs. Lillie Wiggins (ADDRESS) Portland Oregon

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Colorado DATE July 9 1939

19. UNDERTAKER Consalus & Beck (ADDRESS) Clinton Mo.

20. FILED 7-29 1939 Dr. J. B. Kempter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-1939

22. I HEREBY CERTIFY, That I attended deceased from April 12 1939 to 7-7-1939. I last saw her alive on 7-7-1939. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage.

Other contributory causes of importance: Chronic Myocarditis.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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? Yes
If so, specify _____
(Signed) P. S. Hallingworth M. D.
Clinton Mo. (Address) yes

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.

42
4
2

MISSOURI STATE BOARD OF HEALTH

RECEIVED

District Health Officer No. 71

District File Number 7-39-109

Date Filed 8-2-39