

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

6751  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Henry Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 5488 Registered No. \_\_\_\_\_  
 (c) City Clinton (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Abraham T. Burnham**

(a) Residence, No. Clinton Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cliza Burnham  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1869  
 7. AGE YEARS 70 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation Life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Co Va  
 FATHER 13. NAME Jobe Burnham  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4  
 MOTHER 15. MAIDEN NAME Martha Barnhart  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9  
 17. INFORMANT (ADDRESS) Elas Burnham  
Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Coglewood DATE 2-8-40  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson  
Clinton Mo  
 20. FILED 2-19-40 1940 Dr. J. R. Hargett Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1940  
 22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1940, to 2-7, 1940.  
 I last saw him alive on 2-6, 1940. Death is said to have occurred on the date stated above, at 6:17A.M.  
 The principal cause of death and related causes of importance were as follows:  
Dilated Heart & Congestion of lungs  
 Date of onset 2-5-40  
 Other contributory causes of importance:  
Asthma & Debris Hospitalization 1937  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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 \_\_\_\_\_, 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) J. R. Hargett, M. D.  
 (Address) Clinton Mo

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.

RETURN TO THE BOARD OF HEALTH  
OF THE DISTRICT OF COLUMBIA  
WASHINGTON, D. C.

6821-389  
OFFICE NO. 40-389  
RECEIVED  
DISTRICT OF COLUMBIA  
3-15-40  
Date Recd

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Lucy Wilkinson*

Licensed Embalmer No.

2478

P. O. Address

Clinton Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6757

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 347

Primary Registration District No. 3488

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME

Abraham T. Burnham

(b) If veteran, name war

(c) Social Security No.

4. Sex m Color or race w  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife  
6. (c) Age of husband, or wife, if alive year  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 3-24-40 (Date received local registrar) (b) Dr. J. R. Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 7 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy  
Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature G. S. Walker (M. D. or other) Address Clinton Mo Date signed

SUPPLEMENTAL COPY

S-675)