

MAY 28 1927

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

Do not use this space.

12176

1. PLACE OF DEATH

County *Lafayette*  
Township *Leighton*  
City *Leighton* (No. ....) St. .... Ward)

Registration District No. *461*  
Primary Registration District No. *3024*

File No. *32*  
Registered No. ....

2. FULL NAME

*Martheuse O Burns*

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

(If nonresident give city or town and State)

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 *Negro* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *X*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 26, 1913*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*13 3 21*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Student*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Public School*  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Leighton*  
(STATE OR COUNTRY) *Mo.*

10. NAME OF FATHER *Clara Burns*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Leopoldville*  
(STATE OR COUNTRY) *Mo.*

12. MAIDEN NAME OF MOTHER *Priscilla Kalkan*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Leighton*  
(STATE OR COUNTRY) *Mo.*

14. INFORMANT *Mrs. Priscilla Burns*  
(Address) *2009 Park Lane, Leighton, Mo.*

15. FILED *April 19, 1927* *J. D. Cooper*  
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 17 1927*

17. I HEREBY CERTIFY, That I attended deceased from *April 15 - 1927* to *April 17 - 1927* that I last saw her alive on *April 15, 1927*, and that death occurred, on the date stated above, at *11:05 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Acute Lobar Pneumonia*  
*100% OLA*  
(duration) yrs. - mos. *18* ds.

CONTRIBUTORY (SECONDARY) *nothing*  
(duration) yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ....

DID AN OPERATION PRECEDE DEATH. *no*. DATE OF .....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *no*

(Signed) *J. D. Ball*, M. D.

*April 19, 1927* (Address) *Leighton, Mo.*

\*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*Leighton, Mo* *April 20, 1927*

20. UNDERTAKER *Wm. Leggett* ADDRESS *Leighton, Mo*

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.

