

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

Do not use this space.

19058

**1. PLACE OF DEATH**

County Jackson  
Township Independence  
City (No. ....) .....

Registration District No. 298  
Primary Registration District No. 4172

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Minnie May Burris

(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 7 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<u>17</u>		<u>8</u>	<u>25</u>	

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work .....
- (b) General nature of industry, business, or establishment in which employed (or employer) .....
- (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

**PARENTS**

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. D. F. Hale  
(Address) Kennett, Rte One

15. FILED 6/12, 1930 Whaler Davis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1930

17. Unattended by physician  
I HEREBY CERTIFY, That I attended, deceased from .....

....., 19....., to ....., 19.....  
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4:30 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Suicide from drinking Carboic acid for unknown reason  
Verdict of coroner's jury (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 1630 / 60 (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH?  DATE OF   
WAS THERE AN AUTOPSY? Coroner's Inquest  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. H. Rigdon Cor M. D.

6-16-1930 (Address) Kennett 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

Liberty, Mo June 11 1930

20. UNDERTAKER ADDRESS  
Liberty Undertaking Co Kennett, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. OCCUPATION is very important.

