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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 24 1931

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

Do not use this space.

31778

1. PLACE OF DEATH
County Linn — Registration District No. 502 — File No.
Township — Primary Registration District No. 4305 — Registered No. 45
City Marceline (No. , St. Ward)

2. FULL NAME Laura Burris
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 Jesse Burris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12 1860
7. AGE YEARS 71 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Randolph Co. Mo

FATHER
13. NAME Edmonson Sumpter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Mary Hughs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

17. INFORMANT (ADDRESS) Jesse Burris Marceline Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Cambria DATE Sept 24 1931
19. UNDERTAKER (ADDRESS) Jas McLaughlin Marceline Mo
20. FILED 9/24, 1931 Ola Putman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Sept 21, 1931
I last saw her alive on Sept 21, 1931. Death is said to have occurred on the date stated above, at 6.50 p.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

94A 94A

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — 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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Roy M. Sater, M. D.
(Address) Marceline Mo.