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.

OCT 25 1932

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

Do not use this space.

28773

1. PLACE OF DEATH
24 County Clay — Registration District No. 198
2 Township Fishing River — Primary Registration District No. 30 11
4 City Excelsior Springs (No. ..... St. ..... Ward)

File No. ..... Registered No. 116

2. FULL NAME Charles Robert Burris

(a) Residence, No. 109 No. Marietta 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 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 Mrs. Sady E. Burris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 17. 1863

7. AGE — YEARS 68 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realator 154
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 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawfordville, Ind.

FATHER
13. NAME Robert Thomas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawfordville, Ind.

MOTHER
15. MAIDEN NAME Louisa Amanda
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawfordville, Ind.

17. INFORMANT (ADDRESS) Mrs. T. H. Travers Kirksville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Sept 16 1932

19. UNDERTAKER (ADDRESS) Edgar F. Pidler. 217 W. Broadway.

20. FILED 9-16 1932 J. D. Evans Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1932, to Sept 15, 1932
I last saw him alive on Sept 14th, 1932. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	9-15 1932
09	
02	
71B	

Other contributory causes of importance:

Secondary Anemia	about 9-15 1931

Name of operation none Date of ✓
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. J. Clark, M. D.
(Address) Excelsior Spgs Mo.