

1954

1. The first part of the document discusses the general situation of the country and the progress of the work in the various fields. It mentions the importance of the work and the need for a more systematic approach.

2. The second part of the document deals with the specific tasks and responsibilities of the various departments. It outlines the work plan for the coming year and the measures to be taken to achieve the objectives.

3. The third part of the document discusses the financial situation and the need for more resources. It mentions the current state of the budget and the proposals for increasing the funds available for the work.

4. The fourth part of the document discusses the personnel situation and the need for more staff. It mentions the current state of the personnel and the proposals for increasing the number of staff members.

5. The fifth part of the document discusses the organizational structure and the need for more coordination. It mentions the current state of the organization and the proposals for improving the coordination between the various departments.

6. The sixth part of the document discusses the results of the work in the various fields. It mentions the achievements of the work and the progress made in the various areas.

7. The seventh part of the document discusses the conclusions and the recommendations for the future. It mentions the main findings of the work and the proposals for improving the work in the future.

8. The eighth part of the document discusses the implementation of the recommendations. It mentions the measures to be taken to put the recommendations into practice and the expected results.

9. The ninth part of the document discusses the monitoring and evaluation of the work. It mentions the measures to be taken to monitor the progress of the work and to evaluate the results.

10. The tenth part of the document discusses the final conclusions and the recommendations for the future. It mentions the main findings of the work and the proposals for improving the work in the future.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County New Madrid Registration District No. 55 File No. _____
Township Anderson Primary Registration District No. 6262 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Bessie Gurlin

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harrod Burland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2 - 1910</u>		
7. AGE	YEARS	MONTHS
	<u>22</u>	<u>6</u>
		6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart due to child bearing. Yes this was a Phospor delivery

Other contributory causes of importance: _____

Date of onset: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED July 10, 1933 M. D. Munn Registrar.

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) A. B. Beck, M. D.
G. E. G. G. G. (Address) _____ Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE NO. 1. STATE OF MISSOURI, COUNTY OF NEW MADRID, BEING A STATE OF PROPERTY CLASSIFIED AS REAL ESTATE.

5-20483