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.

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

84

Do not use this space.

File No. 23758

Registered No.

1. PLACE OF DEATH
County: Clay — Registration District No. 198
Township: Fishing River — Primary Registration District No. 3011
City: Excelsior Springs Mo (No. ..... St. ..... Ward)

2. FULL NAME: Sady E. Burris
(a) Residence, No. 114 No Marsella St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 16-1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	3	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Missouri

FATHER
13. NAME: Aaron Boone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mich

MOTHER
15. MAIDEN NAME: Paddleford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

17. INFORMANT: Mrs J. H. Travers
(ADDRESS) Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill Cemetery DATE 7-9 1934

19. UNDERTAKER: John C Prather
(ADDRESS) Excelsior Springs Mo

20. FILED July 9, 1934 Mrs Rea McCauley
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/20-34, to 7/8-, 1934
I last saw her alive on 7/7-, 1934. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (cerebral hemorrhage)	6/20/34

Other contributory causes of importance: Arteriosclerosis — Probably 2 years

Name of operation: none — Date of
What test confirmed diagnosis? Clinical evidence — Was there an autopsy?

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: none
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 Springs Mo