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

NOV 13 1934

Do not use this space.

File No. 35098
Registered No. 203

1. PLACE OF DEATH
County KIRKSVILLE MO ADAIR Registration District No. 4
Township Primary Registration District No. 3001
City KIRKSVILLE MO (No. , St. Ward)

2. FULL NAME DELLA BURROWS
(a) Residence, No. 201 E JEFFERSON 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

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: SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DONT KNOW MONTH 1868

7. AGE: Years 66; Months —; Days —; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: TEACHER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: OHIO SCHOOLS
10. Date deceased last worked at this occupation (month and year): ABOUT 1925
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): THINK OHIO OHIO

FATHER
13. NAME: DONT KNOW
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DONT KNOW

MOTHER
15. MAIDEN NAME: DONT KNOW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DONT KNOW

17. INFORMANT: SAM C SHERWOOD Sam C Sherwood
(ADDRESS) EXCELSOR SPRINGS MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE HIGHLAND PARK DATE 16-17-1934

19. UNDERTAKER: DAVIS & WILSON Davis & Wilson
(ADDRESS) KIRKSVILLE MO

20. FILED Oct 17 1934 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1932, to Oct. 16 1934
I last saw him alive on Oct 16 1934. Death is said to have occurred on the date stated above, at 8:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary anemia (Pernicious anemia)	?
714	

Other contributory causes of importance: Not known

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) W. J. Bauer D.O. M.D.
(Address) Jas. S. Hospital Kirksville, Mo