FEB 25 1936

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

Do not use this space.

6679

1. PLACE OF DEATH
County Linn — Registration District No. 498 — File No.
Township Bucklin — Primary Registration District No. 4301 — Registered No.
City Bucklin (No. , St. Ward)

2. FULL NAME Carl Henry 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 28 yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1907

7. AGE: YEARS 28 — MONTHS 6 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mine. Machine man
10. Date deceased last worked at this occupation (month and year) Feb. 3, 1936
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bucklin, Mo.

FATHER
13. NAME Henry Burris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Cambria, Mo

MOTHER
15. MAIDEN NAME Grace Siemens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Cambria, Mo

17. INFORMANT (ADDRESS) Jewell Whisenand Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE Feb. 5, 1936

19. UNDERTAKER (ADDRESS) C. A. Larson

20. FILED Feb 4, 1936 J. L. Cantwell L.D.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 —, 19, to Feb 3 —, 1936
I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 4.30 P.m.
The principal cause of death and related causes of importance were as follows:

Mine Accident — Date of onset 2-36
By being Crushed under falling rock

Other contributory causes of importance:

Name of operation None — 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? Accident — Date of injury Feb 3, 1936
Where did injury occur? Bucklin Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Bucklin Coal Mine
Manner of injury Crushed under rock
Nature of injury Suffocation

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Coal Miner
(Signed) J. L. Cantwell, M. D.
(Address) Bucklin Mo

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.