

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Hospital No. 1**)

File No. **18232**  
Registered No. **48508**  
St. .... Ward .....

B. **16841** **Cassie Burriss**

2. FULL NAME (a) Residence, No. **Birchtree, Missouri** **nk** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 7th 1887**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<b>49</b>	<b>11</b>	<b>0</b>	<b>0</b>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>hwk</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>at home</b>
	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) **Houston, Missouri**

MOTHER FATHER 13. NAME ? **Semler**

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

15. MAIDEN NAME **Sarah ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Hosp. Info. I. H. Kent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Birchtree, Mo** DATE **4/7/37**

19. UNDERTAKER (ADDRESS) **Rowland Mortuary 43.5 Washington Bldg. St. Louis**

20. FILED **MAY 11 1937** **J. Bredick** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/7/37**, 19 .....

22. I HEREBY CERTIFY, That I attended deceased from **2/23/37** to **4/7/37**. I last saw her alive on **4/7/37**. Death is said to have occurred on the date stated above, at **L. 05B**.

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

**Carcinoma of Caecum** Date of onset

Other contributory causes of importance **Bronchitis pneumonia**

Name of operation **Resection** Date of **2/20/37**

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury ....., 19 .....

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) **W. Johnson** City Hospital No. 1, M. D. (Address) .....

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.

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