REC'D AUG 11 1938

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

Do not use this space.

24807

File No. 24807

Registered No. 768

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. St. Joseph's Hospital. St. Ward)

11 5 7

2. FULL NAME Dora Burroughs 620

(a) Residence, No. 319 Edmond St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: David G. Burroughs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 15, 1876.

7. AGE: YEARS 61 — MONTHS 9 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

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): July 1938.

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Avenue City Missouri. 0

FATHER

13. NAME: Thosmas Ridgeway 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri 0

MOTHER

15. MAIDEN NAME: Holley Vanchoiack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): David G. Burroughs 319 Edmond Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park Cem. PLACE St. Joseph, Mo. DATE July 25, 1938.

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED 7/23, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 7-21-, 1938, to 7-22-, 1938

I last saw her alive on 7-22-, 1938. Death is said to have occurred on the date stated above, at 2:00A m.

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

Cerebral Hemorrhage — Date of onset

54B-

Other contributory causes of importance:

Fibroid Tumor
Fibroid

Name of operation None Date of

What test confirmed diagnosis? None 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) Harry L. Pitluck, M. D.

(Address) Kirkpatrick Bldg

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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