

SEP 28 1938

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

29773
Do not use this space.

1. PLACE OF DEATH ³ Polk
(a) County
(b) Township Bolivar
(c) City (d) Street No.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Everett Burrow
(a) Residence, No. he slept in a car St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Mollie Burrow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1866-
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 Not known
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tramp
9. Industry or business in which work was done, as saw mill, bank, etc. none
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) Bolivar Mo
13. NAME Jas B. Burrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
15. MAIDEN NAME Jamagan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamagan Mo

17. INFORMANT (ADDRESS) Ella Martin Bolivar
18. BURIAL, CREMATION, OR REMOVAL PLACE City limit DATE Aug 13, 1938
19. FUNERAL DIRECTOR (ADDRESS) Hutchison Bolivar Mo
20. FILED Aug 14, 1938 J.P. Robert Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive deal 8-13, 1938. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
He was found dead had been a hard drinker all his life was drunk all night before he died chronic flesh flies
Other contributory causes of importance: had a bad skin trouble coming from occupation. Semellity
Name of operation none Date of...
What test confirmed diagnosis? Clin. 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...
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?
If so, specify...
(Signed) S.B. Hutchison Coroner Bolivar Mo
1630 (Address) Bolivar Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 738-107

Date Filed 9/13/38

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)