

APR 19 1939

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

11591
Do not use this space.

1. PLACE OF DEATH

(a) County Miller ² Registration District No. 567
(b) Township Saline ¹ Primary Registration District No. 575-3A
(c) City Eldon (d) Street No. _____ St.
(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.

Registered No. 24

2. PRINT FULL NAME Elsie Elodie Burris

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 C. R. Burris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1886
7. AGE YEARS 53 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month, and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hamilton (STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Cathcart

FATHER 14. BIRTHPLACE (CITY OR TOWN) Hamilton (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Anna Jacobs

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Golden (STATE OR COUNTRY) Illinois

17. INFORMANT Florence Ousley (ADDRESS) St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon DATE Mar.-5-1939

19. FUNERAL DIRECTOR (NAME) Hillips Funeral Home (ADDRESS) Eldon, Missouri

20. FILED 1-4 1939 Belle Hynes 495 (Address) Eldon, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-1939

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1938 to March 1, 1939
I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 1:00 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Myocardial Arteriosclerosis
Chronic Arteriosclerosis
Hypertension (220/125)
Hypertensive heart disease

Date of onset 3-1-39
1938
?
?

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Samuel E. Pletcher, M. D.
495 (Address) Eldon, 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.

RECEIVED

Miller County Health Dep't.

County File Number 39-45

Date Filed 4-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Louis D. Phillips, or by

Registered Apprentice No., working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon, Missouri

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

If this body is not embalmed, above space should be left blank.