

FILED SEP 1 1941

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

Do not use this space.

29891

1. PLACE OF DEATH

County St. Louis Registration District No. 2 828
 Township Adair Primary Registration District No. 0 60986
 City (No. 0) St. St. Louis Ward

2. FULL NAME

MARY - Burris
 (a) Residence, No. 0 St. St. Louis Ward 0
 (Usual place of abode) (If nonresident, give city or town and State)

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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HARRY BURRIS6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 8 - 18687. AGE YEAR 72 MONTHS 5 DAYS 27 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper9. 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) before 11. Total time (years) present in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 013. NAME Ashworth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dante Knott15. MAIDEN NAME Dante Knott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dante Knott17. INFORMANT J. M. Baggett (ADDRESS) St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Our Lady Cemetery DATE 8-3-4119. UNDERTAKER Anderson Funeral Home (ADDRESS) St. Louis, Mo.20. FILED 0, 19 41 Registrar.

MEDICAL CERTIFICATE OF DEATH

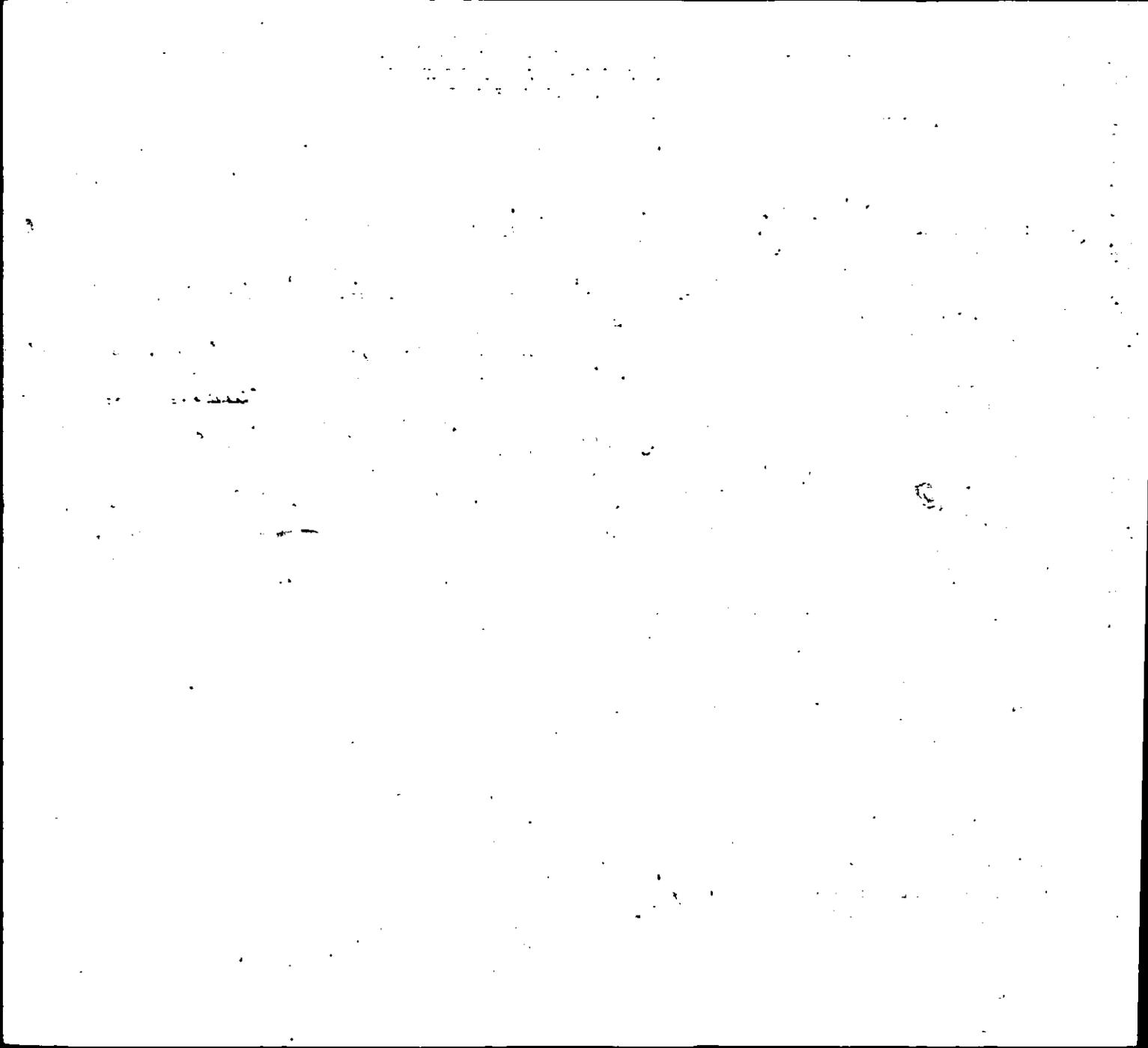
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 2, 19 40

22. I HEREBY CERTIFY, That I attended deceased from July 27, 19 40, to July 2, 19 41.
 I last saw her alive on July 31, 19 40. Death is said to have occurred on the date stated above, at 8:15 A.M.

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

Paralytic Stroke Date of onset 7-24-40Other contributory causes of importance: old ageName 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) A. O. Miller M. D.755 (Address) Braceley 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.



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29891
Registrar's No. 54

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 836

Primary Registration District No. 1,094R

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dudley T. Loc. 1, 10
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Stoddard
(c) City or town Widley
(If outside city or town limits write "RURAL")
(d) Street No. Shurley Loop
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Mary Burris

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color W

6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Henry Burris

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years 72 Months 5 Days 27

If less than one day _____ hr. _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

Washworth
Miss
unk
unk

16. (a) Informant Joseph Rose

(b) Address Dudley

17. (a) Dudley

(b) Date thereof 8-2-40

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director ark

(b) Address Ark

19. (a) 10-22-1940

(b) Laura Hopkins

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Ch. Crump (M. D. or other) _____

Address Broseley Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

