

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

Do not use this space.

5392

1. PLACE OF DEATH

County Barry Registration District No. 29 38 File No. 5055
 Township Edgar Rock Primary Registration District No. 5029 Registered No. 6
 City Edgar Rock (No. _____) St. _____ Ward _____

2. FULL NAME

Clay N. Burris
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sarah Burris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-6-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo.

10. NAME OF FATHER Hazel Burris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Sarah Garner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Wesley Shrum (Address) Edgar Rock Mo

15. FILED Apr 1 19 29 Mrs N.R. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1929

I HEREBY CERTIFY That I attended deceased from Jan. 20, 1929, to Jan 31, 1929 that I last saw him alive on Jan 31, 1929, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio insufficiency
92A

CONTRIBUTORY (SECONDARY) 92A

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Thermon R. Salter, M.D Feb 10, 1929 (Address) Cassville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Missouri DATE OF BURIAL 2-6 1928
 20. UNDERTAKER Normie Funeral Service ADDRESS Cassville Mo

N. B.—Every item of information should be carefully supplied. AGE should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 23 1929
 31
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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barry Registration District No. 38 File No. 6
 Township Boaring River Primary Registration District No. 7-035- Registered No. 6
 City (No.) St. Ward)

2. FULL NAME

Clay D. Burvial
 (a) Residence, No. St., Ward.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

Sarah Burvial

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-6-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo

10. NAME OF FATHER Hazel Burvial

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Sarah Garner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiania

14. INFORMANT Wesley Shuman (Address) Eagle Rock Mo

15. FILED 5/16-1924 Emma Wellington REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 20 1929 to Jan 31 1929 that I last saw him alive on Jan 31 1929, and that death occurred, on the date stated above at 8:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute insufficiency

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Glenn W. Salzer, M. D.

2/10 1929 (Address) Cassville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Munroe DATE OF BURIAL 2-6 1929

20. UNDERTAKER Horsine Funeral Service Mo ADDRESS Cassville

EXACTLY BY STATE OF MISSOURI. Exact statement of JOURNAL MAJOR is very in. REGISTARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED B. LAW

SUPPLEMENTARY

S-5392