

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

III 20 1933

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

Do not use this space.

18834

1. PLACE OF DEATH

5 County Barren
Township Shell Knob
City (No. 5751)

Registration District No. 5050

Primary Registration District No. 28

File No. 18

Registered No.

St. _____ Ward _____

2. FULL NAME

Susan a Burns

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Newt Burns</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23 - 1854</u>		
7. AGE <u>78</u>	YEARS <u>7</u>	MONTHS <u>10</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lynchburg Virginia

13. NAME David G. Barrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

17. INFORMANT (ADDRESS)
Maggie May Blankenship Shell Knob Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blankenship cemetery DATE June 15, 1933

19. UNDERTAKER (ADDRESS)
H. D. Brown Cassville Mo

20. FILED 73, 1933 Emma Weddington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1933

22. I HEREBY CERTIFY That I attended deceased from Mar 25, 1933, to June 12, 1933

I last saw her alive on June 12, 1933. Death is said to have occurred on the date stated above, at 12:20 pm.

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

Myocarditis Chronic
93C
93C
Date of onset

Other contributory causes of importance:

8 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 _____, 1933

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) Desmond H. Sawyer, M. D.
(Address) Cassville Mo.

