

NOV 20 1935

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

Do not use this space.

32253

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. St. Ward)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 99 St. Ward)

2. FULL NAME Mrs Willie May Burnham

(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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Prairie Home MO13. NAME James Monroe14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co MO15. MAIDEN NAME Maud Mason16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co MO17. INFORMANT (ADDRESS) Cornie Burnham18. BURIAL, CREMATION, OR REMOVAL PLACE Splice Creek Bur DATE Oct 7 193519. UNDERTAKER (ADDRESS) Goodman & Baller20. FILED Oct 7 1935 Boonville MO Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 - 1935 to Oct 3rd 1935
I last saw her alive on Oct 1st 1935. Death is said

to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? diner 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, 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) H. D. Duggan, M. D.(Address) Boonville, Mo.

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.

