

30 1928

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

Do not use this space.

31136

1. PLACE OF DEATH

County Monteau Registration District No. 575  
Township Willow Fork Primary Registration District No. 4339  
City Linton (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME

Hattie 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16, 1916

7. AGE YEARS MONTHS DAYS "IF LESS than 1 day, ... hrs. or ... min."  
12 7 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Henstead  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Beal Burris

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

12. MAIDEN NAME OF MOTHER Annie Manfey

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

14. INFORMANT Mrs. Beal Burris  
(Address) Linton Mo

15. FILED 7-15-8 19... Mrs. C. E. Frye  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-15-1928

17. I HEREBY CERTIFY That I received from Sept 11, 1928 at Linton, Mo. that I last saw her alive on Sept 15, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Typhoid fever

CONTRIBUTORY Intestinal Hemorrhage (duration) ... yrs. ... mos. 18 ds.  
(SECONDARY) (duration) ... yrs. ... mos. 1 ds.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF ..

20. WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS: clinical  
(Signed) B. F. Bayliss, M. D.

\*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 Versailles Mo DATE OF BURIAL 9-17-1928

20. UNDERTAKER Jessie E. Richard ADDRESS Linton Mo  
# 2466

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.

