

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

Do not use this space.

40736

1. PLACE OF DEATH

6
8
4
3

County Moniteau
Township Willowfork
City Tipton, (No. _____)

Registration District No. 575
Primary Registration District No. 4339

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Herbert Lee Burriss

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-19-32</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>2</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, of particular kind of work done, as splaner, 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) Tipton, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME Lee Manuel Burriss

FATHER 14. BIRTHPLACE (CITY OR TOWN) Tipton, (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Lillian Mosby

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Tipton, (STATE OR COUNTRY) Missouri.

17. INFORMANT Lemanuel Burriss (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton Mo. DATE -12-21 32

19. UNDERTAKER Jewell-E-Richards (ADDRESS) Jewell E. Richards

20. FILED 12/21 1932 Mrs. Sarah Tru Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1932, to Dec 21, 1932.
I last saw him alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 69 m.

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

Amoebic
1610
1610
Other contributory causes of importance: _____
Date of onset _____

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 _____, 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? Y
If so, specify _____
(Signed) G. S. Wilson, M. D.
(Address) Tipton

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.

