

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Elvins (No. _____)

Registration District No. 272

Primary Registration District No. 4463

File No. 36682
Registered No. 813
St. _____ Ward _____

2. FULL NAME

Joseph Franklin Burnin

(a) Residence No. Elvins No. _____ St. _____ Ward _____
(Usual place of abode)

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 Male 4. COLOR OR RACE white 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) Oct 10 - 1938

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvins, MO

FATHER 13. NAME Frank Burnin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judapestown MO

MOTHER 15. MAIDEN NAME Doris Marie Hails

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Judapestown MO

17. INFORMANT Frank Burnin (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Burnin DATE 1712 1938

19. UNDERTAKER Paldwell Bros (ADDRESS)

20. FILED 1724 1938 B. Barrer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 12, 1938

I last saw h. l. alive on Oct 11, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

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

Premature 7 Mo. Date of onset _____

Other contributory causes of importance: Hypertension & albuminuria
7 months

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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) C. H. Appleberry, M. D.
(Address) Elvins

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.

