MAR 25 1937

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

Do not use this space.

File No. 7933

1. PLACE OF DEATH
County St Francois — Registration District No. 224
Township St Francois — Primary Registration District No. 4465
City Flat River — (No. ..... St. ..... Ward)
Registered No. .....

2. FULL NAME Elnora Hamilton 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Jacob A. Burns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12th 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	3	12	

OCCUPATION
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.: own home
10. Date deceased last worked at this occupation (month and year): 1-27
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co Mo

FATHER
13. NAME: Hugh Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Mary E Ackerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co Mo

17. INFORMANT (ADDRESS): Jacob A. Burns Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doe Run Mo DATE 1-26 1937

19. UNDERTAKER: Caldwell Bros
(ADDRESS) Flat River Mo

20. FILED 3-4 1937 C B Starnes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 24 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 22 1937, to Jan 24 1937.
I last saw her alive on Jan 24 1937. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Chr nephritis	
Chr myocarditis	
Other contributory causes of importance: Diabetes mellitus	

Name of operation: none — 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 Broadhurst, M. D.
(Address) Flat River Mo

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.