

24 1929

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

Do not use this space.

31741

1. PLACE OF DEATH

County St. Francois  
Township Perry  
City..... (No.....)..... St..... Ward.....

Registration District No. 775  
Primary Registration District No. 6020

File No.....  
Registered No. 72

2. FULL NAME

Lester Burr

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

Male | White | —

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonneton  
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Beet Burr

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

12. MAIDEN NAME OF MOTHER Byington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo

14. INFORMANT Beet Burr  
(Address) same place mo

15. FILED 9/11, 1929 J. C. Son  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1929, to Sept 9, 1929 that I last saw him alive on Sept 7, 1929, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Prematurely Born  
5 months & 3 weeks  
15 9

CONTRIBUTORY (SECONDARY) 16/10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Lester Burr, M. D.

9-11, 1929 (Address) Bonneton

\*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 Bonneton cemetery DATE OF BURIAL Sept. 11 1929  
20. UNDERTAKER P. A. Benhorn ADDRESS Bonneton

