

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH: County Rock State _____
 Township _____
 City or village Shawnee No. 1132 7th. Hallam St., _____ Ward. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.
 FULL NAME Harvey Jean Burrows 620 363 43624
 Residence: No. 1132 7th. Hallam St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Widowed, or divorced
 Husband of Infant
 Wife of _____

DATE OF BIRTH (month, day, and year) Feb 20 1937

Years	Months	Days	If LESS than 1 day,
<u>1</u>	<u>8</u>	<u>18</u>	hrs. or _____ mins.

Trade, profession, or particular kind of work done as spinner, lawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Age deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation _____

PLACE (city or town and State or country):

Shawnee Okla

NAME: Percy Burrows

PLACE (city or town and State or country):

Kansas

NAME: Oma Jenkins

PLACE (city or town and State or country):

Dora, Okla

NAME (name and address):

Percy Burrows

CREMATION, OR REMOVAL:

Fairview Date Nov-8, 1938

NAME (name and address):

Gasbills Undertaking Co.
17, 1938 Mrs. J. H. Scott
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1938 to Nov 8 1938

I last saw him alive on Nov 8, 1938 death is said to have occurred on the date stated above, at 11 a. m.

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

Septic shock secondary Date of onset 11-6-38

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Other contributory causes of importance:

Cordiae

Name of operation Secretary Date of 11-8-38

What test confirmed diagnosis Smear Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 1938

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? Yes

If so, specify SA Dept

(Signed) _____

(Address) Shawnee



State Department of Health

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73117

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

November 06, 2000

CERTIFIED COPY MUST BE VALIDATED IN THREE COLORS

