

Howell

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

Do not use this space.

20793

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3431

File No.
Registered No. 203
St. Ward

2. FULL NAME Lena Burkett

(a) Residence, 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 | — | — |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler County Mo.

10. NAME OF FATHER Jim Schenault

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT (Address) Mrs Thomas A. Burkett Poplar Bluff Mo

15. FILED 8-6-27 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1927
17.

I HEREBY CERTIFY, That I attended deceased from May 25, 1926, to July 7, 1927
and I last saw alive on June 7, 1927 and that death occurred, on the date stated above, at 11.45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

91 B
in Cerebral Thrombus
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Myo-Endocarditis
chronic (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH name
DIED AND OPERATION PRECEDE DEATH. DATE OF

90 B
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Bilirubin
(Signed) Joe Harwell, M. D.
7/12, 1927 (Address) Poplar Bluff Mo

*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 Dak Hill DATE OF BURIAL July 8 1927

20. UNDERTAKER J. J. Frank ADDRESS Poplar Bluff Mo

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.

RECORD

