

MAR 26 1928

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

39
6301

1. PLACE OF DEATH

County St. Louis
Township Carruesh
City Missouri.

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 39

2. FULL NAME James L. Burke.

(a) Residence No. 308 W. 3rd Str., Pana, Ill.
(Usual place of abode)

J. R. Wagner, M.D. (Ward)
Medical Officer in Charge.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred -- yrs. -- mos. -- da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 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 Mrs. James L. Burke.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 6 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.
(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Illinois.

10. NAME OF FATHER Unavailable.

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

12. MAIDEN NAME OF MOTHER Unavailable.

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

14. INFORMANT Harold Freed Medical Officer.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Feb. 2 1928 L. C. Brock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1927, 19, to Feb. 1, 1928, 19, that I last saw him alive on Feb. 1, 1928, 19, and that death occurred, on the date stated above, at 12:30 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary, Chr. Far Advanced active.

CONTRIBUTORY (SECONDARY) SI
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Unknown.

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? NO: DATE OF

WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory find-

W.B. (Signed) E. H. Gibbons Medical Officer, M.D.
19 U.S. Veterans' Hospital, Jefferson Brks 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Pana Illinois 2/2 1928
20. UNDERTAKER ADDRESS
Chapman 781 S. Broadway

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.

RECORD

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health
Association.)

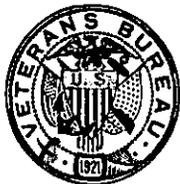
Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)* For persons who have no occupation, whatever, write *Nons*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide. Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.



UNITED STATES VETERANS HOSPITAL

JEFFERSON BARRACKS, MO.

March 19, 1928.

THIS LETTER REFERS TO
YOUR FILE NUMBER:

IN REPLY REFER TO: NB/EP

BURKE, James L.
C-1 279 482.

41
MAD 20 1928

State Board of Health,
Jefferson City, Mo.

Dear Sirs:

At the instance of Mrs. Mary Burke, mother of the above named deceased beneficiary of the Veterans Bureau, your letter requests a supplemental report to the death certificate. It appears that this patient was admitted in a semi comatose condition and replied "yes" to the question if he were married. The Medical Officer in Charge of the Medical Treatment Station, East St. Louis, Ill., reports that the records show that Mr. Burke's statement to the physician who examined him at the Southern Illinois Penitentiary was that he was single. On admission he gave the name of his mother as his nearest living relative.

The enclosed supplementary certificate of death is accordingly considered fully substantiated.

Very truly yours,

I. R. WAGNER, M.D.

Medical Officer in Charge.

[The main body of the document is extremely faint and illegible. It appears to contain a list or table of entries, possibly names and dates, but the text is too light to transcribe accurately.]

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

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Missouri (No., St. Ward)

Registration District No. 1123
Primary Registration District No. 6248-B

File No.
Registered No.

2. FULL NAME James L. Burke

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>SINGLE</u>
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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.
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8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. Geo. E. Burdick, M.D., Medical Off. in Charge, USVB Treatment Station
INFORMANT (Address) E. St. Louis, Ill.

15. FILED..... 19.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1, 19 28

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THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Harold Freed, M.D., M. D.
19 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

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DATE OF BURIAL

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20. UNDERTAKER

ADDRESS

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RECORD IS PERMANENT

SUPPLEMENT

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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