APR 24 1928

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

Do not use this space.

8257

1. PLACE OF DEATH
County: Clinton
Registration District No.: 204
Primary Registration District No.: 3013
File No.:
Registered No.: 13
Township:
City: Cameron (No. ..... St. ..... Ward)

2. FULL NAME: John P. Burkett
(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	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20. 1839

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	89	1	24	

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

9. BIRTHPLACE (CITY OR TOWN) Crawford Co.
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER William Burkett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Sarah Park
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not known

14. INFORMANT Charles Burkett
(Address) Cameron Mo

15. FILED 3/15 1928 D. A. H. Risley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1928, to Mar. 15 1928 that I last saw him alive on Mar. 14 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Bronchial
DIA.
97 100 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senile arteriosclerosis (duration) yrs. mos. ds.

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) J. C. Bowman, M. D
Mar 15, 1928 (Address) Cameron 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: Kidder Mo
DATE OF BURIAL: March 16-28

20. UNDERTAKER: J. W. Poland
ADDRESS: Cameron

NOTE. 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.