28 1928

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.

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

Do not use this space.

10410

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township ~~Ferdinand~~ — Primary Registration District No. 4468 — Registered No.
City Ferguson (No. ..... St. ..... Ward)

2. FULL NAME Robert Lawrence Burkholder
(a) Residence. No. 12 N. Clay Ave St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13 - 1901

7. AGE: 27 Years — Months: 1 — Days: 21 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo.

PARENTS
10. NAME OF FATHER: Geo. E. Burkholder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sturgeon Mo
12. MAIDEN NAME OF MOTHER: Nannie Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo.

14. INFORMANT: E. B. Burkholder
(Address) 12 No. Clay Av. Ferguson

15. FILED 3-5, 1928 O. V. Schuetz, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicid by shooting himself through head with shot gun
169 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 170 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Louis H Bopp, M.D.
3-5, 1928 (Address) 131 Argonne Kirkwood 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: Valhalla — DATE OF BURIAL: Mar. 6 1928

20. UNDERTAKER: Wagoner — ADDRESS: 3621 Olive