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MAY 25 1929

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

Do not use this space.

10345

1. PLACE OF DEATH

County: Greene — Registration District No. 321 — File No.

Township: Clay — Primary Registration District No. 3444 — Registered No. 7

City: (No. Galloway St. Ward)

2. FULL NAME: Eliza Burke

(a) Residence. No. Galloway St., Ward. (If nonresident give city or town and State)
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John R Burke

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 7-1848

7. AGE: Years 80 — Months 6 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Ind.

PARENTS

10. NAME OF FATHER: Wm F. Vaughn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Mary E Christie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Mrs Ross B Kane
(Address): Galloway Mo

15. FILED 3-15 1929 M L Turner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/14 1929

17. I HEREBY CERTIFY, That I attended deceased from about 3 or 4 mo, 19..., to 3-14-, 1929 that I last saw her alive on 3-11-, 1929, and that death occurred, on the date stated above, at 5 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility — she just quit breathing

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): arterial Hardening

(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) Garrett Sogg, M. D

3-16, 1929 (Address) 510 Woodruff Bldg

*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: National Cemetery — DATE OF BURIAL: 3/15 1929

20. UNDERTAKER: Alma Lohmeyer — ADDRESS: Springfield

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