

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

Do not use this space.

26814

1. PLACE OF DEATH

County Waverne
Township Williams
City Williams

Registration District No. 892
Primary Registration District No. 6193

File No. _____
Registered No. 4 Ward _____

2. FULL NAME

(a) Residence. No. R.R.#1 - Williams 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.

Willa Josephine Burkett
Williams (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5- SINGLY MARRIED, WIDOWED OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 7, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 10 16

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) Tashee (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Frank Nelson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tashee (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Zethie Ham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Roubidou (STATE OR COUNTRY) Mo.

14. INFORMANT Clyde Burkett (Address) R.R. Williams

15. FILED July 26, 1929 Mrs. Hattie McPherson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-23 1929
17. I HEREBY CERTIFY, That I attended deceased from July 22, 1929, to July 22, 1929 that I last saw her alive on July 22, 1929, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
130
132B
Uremia Poisoning
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
(duration) yrs. mos. few days
18. WHERE WAS DISEASE CONTACTED
1918 NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Joe Harwell, M. D.
7/26, 1929 (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 Welfander Cem. DATE OF BURIAL 7-26 1929

20. UNDERTAKER Frank and Co. Poplar Bluff ADDRESS _____

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.

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