MAR 28 1930

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

Do not use this space. 7355

7354

1. PLACE OF DEATH
County: Scotland
Township: Harrison
City: (No. , St. Ward)

Registration District No. 809
Primary Registration District No. 6654

File No.
Registered No. 4

2. FULL NAME: Elijah Burkhart

(a) Residence. No. Rutledge, MO. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 25, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	I I	14	

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):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Meade County, Kentucky

PARENTS
10. NAME OF FATHER James P. Burkhart.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Rachel Ann Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Rebecca Burkhart
(Address) Rutledge, mo

15. FILED Feb 9, 1930 F. M. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to Feb 9, 1930 that I last saw him alive on Dec 20, 1929 and that death occurred, on the date stated above, at / / m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial nephritis
1929
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Insane from asylum patient
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. M. Johnson, M. D.
Feb 9, 1930 (Address) Gorin 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: Rutledge Cemetery
DATE OF BURIAL: Febr. 11 1930

20. UNDERTAKER: Gerth & Barkett
ADDRESS: Gorin, mo

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.