JUN 24 1930

5

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

Do not use this space.

15263

1. PLACE OF DEATH
County Barry
Township Washburn
City Washburn (No. ..... St. ..... Ward)

Registration District No. 37
Primary Registration District No. ~~[illegible]~~ 5053

File No. .....
Registered No. .....

2. FULL NAME Emaline Burkes

(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)
Fe	Wh	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	46	6	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) .....
(STATE OR COUNTRY) Barry Co Mo

PARENTS
10. NAME OF FATHER William Burkes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Wisconsin
12. MAIDEN NAME OF MOTHER Sarah Cargyle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Barry Co Mo

14. INFORMANT Mrs Sarah Burkes
(Address) Washburn Mo

15. FILED May 27 1930 J S Kaster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from April 11, 1930, to May 2, 1930 that I last saw her alive on May 2, 1930, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burned to death by hot water, kettle turned over

181 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 179

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF 15
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Glenn H. Salyer, M. D.
, 19 (Address) Cassville 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	DATE OF BURIAL
Washburn prairie	May 2 1930
20. UNDERTAKER	ADDRESS
Horine Funeral Sirvd	Cassville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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CONTRIBUTORY (SECONDARY) 179

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IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

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