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.

FEB 18 1931

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 334

Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 18.

City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Easter Elizabeth Burkeen

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

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1850

7. AGE: 80 YEARS — MONTHS: 5 — DAYS: 7 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Missouri

FATHER

13. NAME Dan Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Mo.

MOTHER

15. MAIDEN NAME Martha Crunk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Mo.

17. INFORMANT (ADDRESS) Mrs. D. L. Spurlock Poplar Bluff, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Black Creek DATE Jan. 15, 1931

19. UNDERTAKER (ADDRESS) A. W. Groer, Poplar Bluff, Mo.

20. FILED Jan 15 1931 B. J. Clay (Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 14, 1931. I last saw her alive on Jan 14, 1931. Death is said to have occurred on the date stated above, at 430 P.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia lobar | 1-6-31 |
| 103 | |
| 93C | |
| 102 | |

Other contributory causes of importance: Myocarditis Chronic Senility — indefinite

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. J. Macauley, M. D.

(Address) Poplar Bluff Mo