

24 1931

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

Do not use this space.

1090

1. PLACE OF DEATH

County Norwood

Registration District No. 378

File No. ....

Township Boonville

Primary Registration District No. 55-82

Registered No. 14

City Monition (No. ....) St. .... Ward .....

2. FULL NAME

Yell Burks

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 74 5 18

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) Schuyler Mo (STATE OR COUNTRY)

10. NAME OF FATHER Ray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER McIntyre

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mrs Marie Burks (Address) New Franklin Mo

15. FILED 3-6, 1931 V. O. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3 1931

17. I HEREBY CERTIFY, That I attended deceased from July one month, 1931, to Jan 1st, 1931, (that I last saw him alive on Jan 1st, 1931), and that death occurred, on the date stated above, at h. a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Cerebral hemorrhage

(duration) 5 yrs. 5 mos. 5 da.

CONTRIBUTORY (SECONDARY) Bronchitis Broncho-pneumonia (duration) 2 yrs. 2 mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Signs & history (Signed) Walter Whitaker, M. D.

1-3, 1931 (Address) Boonville 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 Sulphur Springs DATE OF BURIAL 1-3 1931

20. UNDERTAKER Ed Duncan New Franklin Mo 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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