

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

Do not use this space.

34164

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 720
Township _____ Primary Registration District No. 200 Registered No. _____
City Springfield No. 1105 E. Brower St. _____ Ward _____

2. FULL NAME

Ida May Burk

(a) Residence, No. 1105 E. Brower 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 F 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 M. L. Burk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
54 4 18

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) Burlington, Iowa

FATHER 13. NAME J. C. Benkert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa

MOTHER 15. MAIDEN NAME Jenny Shields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa

17. INFORMANT (ADDRESS) M. L. Burk
610 N. Cox St., Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena, Kan. DATE Oct. 7, 1931

19. UNDERTAKER (ADDRESS) Porter and Clark,
Galena, Kansas

20. FILED 10-13-1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10, 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Was called shortly before death and did not treat her at all. Death is said to have occurred on the date stated above, at 10:15 12:15 a.m.

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

Anaemia following operation on liver.

Other contributory causes of importance: Operation about 6 wks. ago.

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? _____

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? no
If so, specify _____
(Signed) J. D. Musick M. D.
(Address) Springfield, Mo.

NOV 24 1931

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Springfield

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No.)

File No.

Registered No. 720

St. Ward

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/1931

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

22. I HEREBY CERTIFY, That I attended deceased from to , 19

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

I last saw h..... alive on , 19 . Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

Date of onset

Magnum following operation on liver caused all depressed was not treating case at time of operation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation MIG Date of

13. NAME

What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

15. MAIDEN NAME

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

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

17. INFORMANT (ADDRESS)

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE , 19

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

If so, specify

19. UNDERTAKER (ADDRESS)

(Signed) , M. D.

20. FILED 10-13, 1931 Yon Sharp Registrar.

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-34164