

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

Do not use this space.

92861

**1. PLACE OF DEATH**

County Miller  
Township Keize  
City Newman (No. \_\_\_\_\_)

Registration District No. 565  
Primary Registration District No. 5761a

File No. 3  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

Jessie W. Burks

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Barr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 12 - 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>11</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932 to 3/23, 1932

I last saw him alive on Nov 18, 1932. Death is said to have occurred on the date stated above, at 2 a.m.

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

Peritonitis  
53E 53E

Date of onset

(D)

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) G. W. Duncan, M. D.  
(Address) Idalia, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idalia Mo. 1

13. NAME Allen Burks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennesseu 2

15. MAIDEN NAME Peupa Roberts

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

17. INFORMANT Walter Burks (ADDRESS) Newman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Watkins, Mo DATE 3/24, 1932

19. UNDERTAKER St. Casey Idalia (ADDRESS) Idalia

20. FILED 3/20, 1932 W. H. Homan Registrar.

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.

APR 24 1932

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