

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.

JAN 5 1934

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

Do not use this space.

38021

1. PLACE OF DEATH
98 County Lancaster Registration District No. 805
4 Township Lancaster Primary Registration District No. 4484
2 City Lancaster (No. _____) St. _____ Ward _____

2. FULL NAME Charles Burkland

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 9

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

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) Gotterberg Sweden

13. NAME Not Known

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

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) R. L. Burkland
Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lancaster DATE Nov. 25, 1932

19. UNDERTAKER (ADDRESS) John A. Roberts
Lancaster, Mo.

20. FILED Dec 5, 1932 L. F. J. J. J.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932, to Nov 23, 1932
I last saw him alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at 12:19 a.m.
The principal cause of death and related causes of importance were as follows:
Pulver Pneumonia
Toxemia
103/108
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) L. F. J. J. Lancaster, Mo.
(Address) Lancaster, Mo.

