

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Registration District No. 604
 Township _____ Primary Registration District No. 604
 City NEW MADRID No. 433 St. _____ Ward _____

File No. 20809

Registered No. _____

2. FULL NAME

George T. Burke

(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

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 Stella Duff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1882

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|-----------|-----------|--|
| | <u>58</u> | <u>11</u> | <u>20</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Driver
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100
 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) Pulaski, Mo

13. NAME Unknown

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

15. MAIDEN NAME " " _____

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

17. INFORMANT (ADDRESS) Tally Lee Waller
New Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Interment Cem DATE 12/6/1932

19. UNDERTAKER (ADDRESS) Richards Wood Co
New Madrid

20. FILED 2/7 1932 Wm J. O'Bannon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1932, to 12-5, 1932

I last saw h. alive on 12-5, 1932. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

apoplexy
63A
stroke
Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1932

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) W. J. O'Bannon, M. D.
 (Address) New Madrid Mo

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 9 1933

