

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

Do not use this space.

32030

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Benton Primary Registration District No. 3001
City Yorkville (No. _____, St. _____, Ward _____)

File No. _____
Registered No. 185
St. _____, Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Unionville, Mo.
(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 <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>Rose Burkhart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 1884</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>3</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>		11. Total time (years) spent in this occupation <u>15 yrs.</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)		

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Geo. Burkhart</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Cynthia Miller</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Edith Cook, Unionville, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville, Mo.</u> DATE <u>Oct 29 1933</u>	
19. UNDERTAKER (ADDRESS) <u>W. H. Hurst & Son, Unionville, Mo.</u>	
20. FILED <u>Oct 27 1933</u> <u>Mrs. C. V. Becker</u> Registrar.	

Y MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933 to Oct 27, 1933
I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 2:25 A.M.
The principal cause of death and related causes of importance were as follows:
Hook infection of generalised nature, resulting from badly infected arm, all of which started from a wounded hawk scratching his left hand on 10-12-33
Other contributory causes of importance: (Tularemia test) negative
None except absorption from infected arm
Name of operation None 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 _____, 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) George E. Linnell, M. D.
(Address) Yorkville, 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. NOV 10 1933

