

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 26 1934

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

Do not use this

39091

1. PLACE OF DEATH

6 County Barton
Township Newport
City _____ (No. _____)

Registration District No. 1008
Primary Registration District No. 2057

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Sallie Francis Burk

(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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1933, to Dec 2 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1850

I last saw her alive on Sept 20 1933 Death is said to have occurred on the date stated above, at 6.00 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 10 12

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

Carcinoma of uterus
48

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

Other contributory causes of importance: _____
Date of onset at least a year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton, Mo.

13. NAME Stanfield Jones

Name of operation none Date of _____

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

What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME Price

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

17. INFORMANT J. N. Burk
(ADDRESS) Passau, Mo. R. 7. D. 5

18. BURIAL, CREMATION, OR REMOVAL Carrollton, Mo. DATE 3-4 1933

19. UNDERTAKER E. A. Phillips
(ADDRESS) Golden City, Mo.

20. FILED Dec 12 1933 J. W. Wise
Registrar.

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. W. Wise, M. D.
(Address) Golden City, Mo.

