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 space.

42312

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 838 — File No.
5 Township Liberty — Primary Registration District No. 6098B — Registered No. 68
4 City Dexter Mo (No. ..... St. ..... Ward)

2. FULL NAME John J. Burke
(a) Residence, No. Dexter Mo R2 St., ... Ward. ..... (If nonresident, give city or town and State)
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18 - 1874

7. AGE: YEARS 59 — MONTHS 1 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Ohio

FATHER
13. NAME: John W. Burke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Kate Chambers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Clara Burke

18. BURIAL, CREMATION, OR REMOVAL
PLACE Saddler Chappel DATE ..... 19..

19. UNDERTAKER (ADDRESS): Morgan Undertaking Co. Dexter Mo

20. FILED 1-8, 1934 Alice L. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/13/ , 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/7, 1933, to 12/13, 1933
I last saw him alive on 12/10, 1933 Death is said to have occurred on the date stated above, at 2 10 a.m.
The principal cause of death and related causes of importance were as follows:

Uremic Coma — Date of onset 12/11/33
131
132B
131

Other contributory causes of importance: Chronic Nephritis

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical 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) S. S. Davis, M. D.
(Address) Dexter Mo