FEB 27 1934

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

Do not use this space.

877

1. PLACE OF DEATH
County: Grundy
Township:
City: Trenton (No. ..., St. ..., Ward)

Registration District No. 328
Primary Registration District No. 3017

File No.
Registered No.

2. FULL NAME: Michael James Burke
(a) Residence, No. 802 Olive 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~~: Amanda Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24-1865

7. AGE: Years 68 | Months 5 | Days 27 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired RR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: engineer
10. Date deceased last worked at this occupation (month and year): 1914
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

FATHER
13. NAME: Michael James Burke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Russel Burke Trenton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Catholic Cemetery Jan 27, 1934

19. UNDERTAKER (ADDRESS): Gipson Funeral Service Trenton Mo.

20. FILED 1-28, 1934 Irene D Farr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jany 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 18, 1934, to Jany 20, 1934
I last saw him alive on Jany 20, 1934. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-20-34

Other contributory causes of importance: Cellitis Illeocis

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, 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 Evans M. D.
(Address) Trenton 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.

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD