

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUN 29 1934

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. Missouri Methodist Hospital)

Registration District No. 85
Primary Registration District No. 1001

File No. 19528
Registered No. 665
St. Ward

2. FULL NAME

Edna Burks
(a) Residence, No. St. Ward. Des Moines, Iowa
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 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

3. SEX Female
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 Beid Burks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 3 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) Mound City, Mo.

13. NAME Jacob Mumm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holstein, Germany

15. MAIDEN NAME Mary Elizabeth Jessen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aifta, Germany

17. INFORMANT Ben F. Mumm
(ADDRESS) 1027 A. Felix St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City, Mo. DATE June 6, 1934

19. UNDERTAKER Walter Meierhoffer
(ADDRESS) 1308 Aaron St., St. Joseph, Mo.

20. FILED JUN 6 1934
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 3, 1934
I last saw her alive on June 3, 1934. Death is said to have occurred on the date stated above, at 11.55 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Other contributory causes of importance: Hypertension

Name of operation none Date of

What test confirmed diagnosis? Clin. ex. 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) Mustard A. San M. D.

(Address) Kirkpatrick Bldg., St. Joseph, Mo.

Date of onset June 3

8201

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
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