

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

Do not use this space.

JUN 21 1935

16807

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Garman Primary Registration District No. 5563-1
City Garman (No. _____) St. _____ Ward _____

2. FULL NAME

George Burkheart
(a) Residence, No. Jasper St. Mo. Ward _____
(Usual place of abode) Garman (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 4 mos. 2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1952

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
83 1 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) n.c. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Wm Burkheart

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. C. Trantier
(ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jasper DATE May 22 1935

19. UNDERTAKER Anderson Undertaking Co
(ADDRESS) Jasper Mo

20. FILED May 22 1935 R. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 / 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935, to May 22, 1935.

I last saw him alive on May 21, 1935. Death is said to have occurred on the date stated above, at 5:00 m.

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

Chronic myocardial insufficiency Date of onset 45

Other contributory causes of importance: Carcinoma liver

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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? _____

If so, specify _____
(Signed) Lloyd Clinton, M. D.

(Address) Carthage Mo

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.

