

18 1935

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

Do not use this space.

19055

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 35
Primary Registration District No. 11
(No. 2204 Doniphan)

File No. _____
Registered No. 662
St. _____ Ward _____

2. FULL NAME Infant Martin LeRoy Burkart

(a) Residence, No. 2204 Doniphan 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 Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St. Joseph, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Ira Everitt Burkart

14. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Audrey Dinsmore

16. BIRTHPLACE (CITY OR TOWN) Maryville, Mo. (STATE OR COUNTRY)

17. INFORMANT Ira Everitt Burkart (ADDRESS) 2204 Doniphan

18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill DATE June 29, 1935

19. UNDERTAKER FLEEMAN MORTUARY, INC. (ADDRESS) 1946 Calhoun

20. FILED 6-29-35 1935 John R. Bunker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

Premature birth - 6 months lived six hours

Other contributory causes of importance: Premature separation of placenta

Name of operation _____ 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) Ed Grant, M. D. (Address) St. Joseph, 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.

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