

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

Do not use this space.

DEC 19 1935

36582

**1. PLACE OF DEATH**

County Lewis  
Township  
City Lewistown (No. ....)

Registration District No. 481  
Primary Registration District No. 4290

File No. 4  
Registered No. 10  
St. .... Ward)

**2. FULL NAME** Kenneth Deszil Burk.

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 16, 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
16 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy.  
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) Lewistown.  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Elmer L. Burk.

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

MOTHER 15. MAIDEN NAME Murrel G. Turner

16. BIRTHPLACE (CITY OR TOWN) Lewis, Co. Missouri  
(STATE OR COUNTRY)

17. INFORMANT Elmer L. Burk  
(ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lewistown, Mo DATE Nov. 13, 1935

19. UNDERTAKER James A. Coder  
(ADDRESS) Lewistown, Missouri

20. FILED Nov 12 1935 James A. Coder  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1935, to Nov 11, 1935  
I last saw him alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 5 P m.

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

Self inflicted gun shot wound with 22 caliber rifle Date of onset Nov 11 1935

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury Nov 11, 1935

Where did injury occur? Lewistown, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home.

Manner of injury gun shot wound  
Nature of injury head through forehead

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify  
(Signed) Harry L. W. Braden, D.O.  
(Address) Lewistown, 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.

