

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.

JAN 17 1936

40223

6/1. PLACE OF DEATH
 County Macou Registration District No. 533
 Township _____ Primary Registration District No. 3027
 City Macou (No. _____) St. _____ Ward _____

2. FULL NAME Chas Burkhart

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 25-1865

7. AGE YEARS 70 MONTHS — DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER FATHER
 13. NAME Chas Burkhart
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Edgar C M Burkhart
 (ADDRESS) St Louis

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Woodlawn DATE Dec 5-1935

19. UNDERTAKER Walter Skinner
 (ADDRESS) Macou Mo

20. FILED 12/12 1935 Edgar C M Burkhart
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1935

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932 to Dec 4, 1935
 I last saw him alive on Dec 3, 1935 Death is said to have occurred on the date stated above, at 7:15 a m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset About 1926
Diabetic gangrene 7 left foot Nov 1934

Other contributory causes of importance _____
 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. P. Honoway
 (Address) Macou Mo

