

WHITE 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.

APR 2 1936

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

Do not use this space.

5040

1. PLACE OF DEATH

County Cedar Registration District No. 165
Township Washington Primary Registration District No. 5234
City _____ (No. _____) St. _____ Ward _____

File No. Mch 26, 1936
Registered No. 152

2. FULL NAME Jerome Burkpile

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9 - 1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
FATHER	13. NAME <u>George Burkpile</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Kleckner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.?</u>	
17. INFORMANT <u>Nina V. Derby</u> (ADDRESS) <u>Humansville, Mo 6704</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Grove</u> DATE <u>2/21</u> <u>36</u>		
19. UNDERTAKER <u>H. P. Davis & Co.</u> (ADDRESS) <u>Stockton, Mo.</u>		
20. FILED <u>3/26</u> 19 <u>36</u> <u>Mrs. J. L. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936 to Feb 19 1936
I last saw him alive on Feb 19 1936. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

<u>Arterio Sclerosis</u> <u>Aortic Regurgitation</u> <u>Enlarged Heart</u>	Date of onset <u>6 yrs?</u>
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Other contributory causes of importance:
72a

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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 _____, 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) R. M. Merrens, M. D.
(Address) Humansville, Mo.

