

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.

538 30 1936

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

Do not use this space.

7186

1. PLACE OF DEATH

County Polk  
Township Union  
City Clyburn (No. .... St. .... Ward)

Registration District No. 684  
Primary Registration District No. 5912

File No. ....  
Registered No. 14

2. FULL NAME

Carrie Lee Burkis

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Burkis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 3 X

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Polk Co Mo

MOTHER FATHER  
13. NAME Henry Lindsay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. Co Mo

15. MAIDEN NAME Sarah Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Miss Drabel Burkis

(ADDRESS) Clyburn Mo

18. BURIAL, CREMATION, OR REMOVAL Crestwood Cemetery

DATE 2-6-1936

19. UNDERTAKER George Thompson

(ADDRESS) Sumner Mo

20. FILED 2/10/36 1936 W. J. Summers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3-1936, to 2-4-1936, 1936  
I last saw him alive on 2-3-1936, 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:

Apoplexy (Cerebral)

Date of onset 2-3-36

Other contributory causes of importance: g. 2

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 ..... 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? .....

If so, specify .....

(Signed) W. B. Wilcox, M. D.  
(Address) Keokuk Iowa

