APR 17 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Boone
Township: Columbia
City: (No. ... St. ... Ward)
Registration District No. 73
Primary Registration District No. 3006
File No. 9253
Registered No. 86

2. FULL NAME Marvin Burks
(a) Residence. No. 11 Court 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-16-1928
7. AGE: Years 7 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In school
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓
9. BIRTHPLACE (CITY OR TOWN): Boone Co.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Tony L Burks
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Catherine Bojart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Missouri
(STATE OR COUNTRY)

14. INFORMANT: T L Burks
(Address): Katherine Burks
15. FILED 3/18/1936 Allie Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 17 1936
17. I HEREBY CERTIFY, That I attended deceased from March 15, 1936 to March 17, 1936 that I last saw he alive on March 16, 1936, and that death occurred, on the date stated above, at 8 a m m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
Lobar Pneumonia
Acute Nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) ...
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Columbia
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Blanced Post Mortem
(Signed) Dishrice D Smith M. D
3/19, 1936 (Address) Columbia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valley Springs — DATE OF BURIAL: 3/18 1936
20. UNDERTAKER: Parker F.C. Co — ADDRESS: 3/18-36

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.