

JUL 21 1936

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

Do not use this space.

22669

1. PLACE OF DEATH

County Solt Registration District No. 373  
Township \_\_\_\_\_ Primary Registration District No. 4219  
City Oregon (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME

Charlotte C VanBurskirk  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 7 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. W. VanBurskirk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 9 - 1854</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>11</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>about 1934</u>		
11. Total time (years) spent in this occupation <u>60 yrs</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER FATHER 13. NAME George Curwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Caroline Hobbitzell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) md.

17. INFORMANT Mr Gus Schmer

(ADDRESS) Oregon Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oregon Mo DATE June 26 1936

19. UNDERTAKER Walter Poffyohn

(ADDRESS) Oregon Mo

20. FILED 6-26 1936 W. J. Schauder  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1936

22. I HEREBY CERTIFY That I attended deceased from May 24 1936 to June 17 1936  
I last saw her alive on June 17 1936 Death is said to have occurred on the date stated above, at 6:50 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Anorrhage Date of onset May 24, 1936

Other contributory causes of importance:  
Senile Debility 1933

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? None  
(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) Walter Poffyohn, M. D.  
(Address) Oregon, Mo

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.

THIS IS A PERMANENT RECORD

