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.

OCT 21 1936

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

Do not use this space.

30654

1. PLACE OF DEATH
County Trenton
Registration District No. 328
Township
Primary Registration District No. 3017
City Trenton (No. , St. Ward)
File No.
Registered No.

2. FULL NAME Norton Burkholder

(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 male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 - 1870

7. AGE YEARS 66 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) [illegible]

FATHER
13. NAME Abraham H. Burkholder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Rebecca Waltner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Miss Norton Burkholder

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cem DATE Aug 21 1936

19. UNDERTAKER (ADDRESS) Gipson Mortuary Trenton Mo.

20. FILED 8-19, 1936 Irene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 16th, 1936 to Aug 19, 1936
I last saw him alive on Aug 18th, 1936 Death is said to have occurred on the date stated above at 1230A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	8/1/36
93d1	
Other contributory causes of importance:	
Myocarditis	1/1/36

Name of operation None 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) [illegible], M. D.
(Address) 915½ [illegible]
Trenton Mo