Dr. Clinton Registrar
Carthage, Mo.

SEP 24 1936

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

Do not use this space.

31331

1. PLACE OF DEATH
County Jasper
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 408
Primary Registration District No. 5565

File No. .....
Registered No. .....

2. FULL NAME Alice Marylin Burkey
(a) Residence, No. Sarcoxie, Mo. 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 Female
4. COLOR OR RACE White
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) August 30, 1936
7. AGE YEARS no MONTHS no DAYS No If LESS than 1 day, 8 hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) Sarcoxie, Missouri

FATHER
13. NAME Toney Burkey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City Missouri

MOTHER
15. MAIDEN NAME Vada Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheaton Missouri

17. INFORMANT (ADDRESS) Toney Burkey Sarcoxie Mo

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Sarcoxie Cem DATE Aug 31 1936

19. UNDERTAKER (ADDRESS) Glen C. Cale Sarcoxie, Mo

20. FILED Aug 31, 1936 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1936, to Aug 30, 1936
I last saw her alive on Aug 30, 1936 Death is said to have occurred on the date stated above, at 2:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
159	

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....
(Signed) J. W. Boyd, M. D.
(Address) Sarcoxie 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.

2,787.45
1,775.53

4,562.98