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

JAN 18 1937

Do not use this space.

43925

1. PLACE OF DEATH
County Butler — Registration District No. 89
Township — Primary Registration District No. 3007
City Poplar Bluff (No. Brandon Hospital St. Ward)

File No.
Registered No. 272

2. FULL NAME Earnest Edgar Burke

(a) Residence, No. St., Ward. Bernie, Missouri
(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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1912

7. AGE: Years 24 — Months 3 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator (grain)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clarkton
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John Burke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Nora Holtzhouser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Ules Burke
(ADDRESS) Bernie, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie cemetery DATE 12/31, 1936
Bernie, Missouri

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 12/31, 1936 O. Blutsinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage	
Gun shot wound	
2 inches below and ½ inch	
to right of Navel	

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? Homicide Date of injury Dec 30, 1936
Where did injury occur? Bernie Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury shot by 32 belt gun
Nature of injury internal hemorrhage in abdomen

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Grover W. Greer Coroner, M. D.
(Address) Poplar Bluff 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.