WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

20M-2-19-36 1 X7294

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

FEB 19 1937

Do not use this space.

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No. 2714
Township — Primary Registration District No. 3034 — Registered No. 15
City Moberly (No. Wabash Hospital St. Ward)

2. FULL NAME Matthew W. Burke
(a) Residence, No. 648 Fisk St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Emelie Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apl. 26th 1857

7. AGE: YEARS 79 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired RR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Engineer
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): Ill

FATHER
13. NAME: Walter Burke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: No data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Mrs. M. W. Burke, Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Jan 20 1937

19. UNDERTAKER (ADDRESS): Mahan & Son, Moberly Mo

20. FILED 1/20 1937 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Jan. 19, 1937
I last saw him alive on Jan. 19, 1937. Death is said to have occurred on the date stated above, at 2:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	—

Other contributory causes of importance: Hypertension

Name of operation: None — Date of: —
What test confirmed diagnosis? C. S. Lab. Was there an autopsy? Don't know

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) Max E. Kaiser, M. D.
(Address) Wabash Employees Hospital, Moberly, Mo.