FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
105 County Sullivan — Registration District No. 852 — File No. 4659
5 Township ~~Polk~~ — Primary Registration District No. 4518 — Registered No.
2 City Milan (No. , 2 St. Ward)

2. FULL NAME Shirley Ann Burks,

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): XXXX

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1936,

7. AGE: YEARS 0 — MONTHS 8 — 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. XXXX
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) Harris, Missouri

FATHER
13. NAME William F. Burks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Auburn, Nebraska.

MOTHER
15. MAIDEN NAME Jessie J. Bumgarner,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harris, Missouri

17. INFORMANT (ADDRESS) William F. Burks, Harris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Judson Cem. Harris. DATE Jan. 11, 1937

19. UNDERTAKER (ADDRESS) C. A. Schoene, Milan, Mo.

20. FILED Feb. 2, 1937 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Jan 10, 1937
I last saw her alive on Jan 10, 1937. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Onset illness Jan 9th high fever 104° cough - Seen by me 2:30 p.m. Jan 10th Restless - involuntary movements - p. 180. - Died c̄ convulsion 5 p.m. - Broncho-pneumonia

Other contributory causes of importance:
Left Otitis media Wright at present 11 ...
Meningitis (pneumococcus)?
(Baby a 2 mo premature has
Name of operation never been W.R.D. Date of
What test confirmed diagnosis? Was there an autopsy?

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) E. W. Hickson, M. D.
(Address) Milan, 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.