APR 20 1937

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

Do not use this space.

File No. 12206

Registered No.

1. PLACE OF DEATH
County Jasper
Township
City Carthage (No. 418 Grant St. Ward)

Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME Samuel Milton Burke
(a) Residence, No. 418 Grant St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 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 Marie Barnard Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 21, 1898

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	11	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical
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) Kendricktown
(STATE OR COUNTRY) Missouri

FATHER
13. NAME James M. Burke
14. BIRTHPLACE (CITY OR TOWN) Carthage,
(STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Florence O. Still
16. BIRTHPLACE (CITY OR TOWN) Paris
(STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Marie Burke
(ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE Mar. 3, 1937

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Mar. 2 1937 S. O. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937, to Feb 28, 1937
I last saw him alive on Feb. 28, 1937. Death is said to have occurred on the date stated above, at 9:00 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic poison	Feb 22 '37
Chronic Nephritis	1929

Other contributory causes of importance: 131

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? No.
If so, specify .....
(Signed) R. V. Webster, M. D.
(Address) Carthage, 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.