

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

Do not use this space.

MAY 21 1937

16640

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 16640
Township Merion Primary Registration District No. 5562 Registered No. _____
City Easton (No. _____) St. _____ Ward _____

2. FULL NAME Albert E. Burkhardt

(a) Residence, No. 122 Meridian St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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 Helen E. Burkhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer
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) Rich Hill, Missouri

FATHER 13. NAME John C. Burkhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dates County, Missouri

MOTHER 15. MAIDEN NAME Frank E. Spakers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dates County, Missouri

17. INFORMANT (ADDRESS) Doug Burkhardt, 2 Union Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monett, Mo. DATE Apr. 4, 1937

19. UNDERTAKER (ADDRESS) Gene M. Murray, Easton, Mo.

20. FILED Apr. 4, 1937 A. B. Calverton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937

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

I last saw him dead Apr. 2 - 1937. Death is said to have occurred on the date stated above, at 8:00 a.m. Apr. 2-1937
The principal cause of death and related causes of importance were as follows:

Death as result of Railroad accident that crushed right arm several of shoulder and otherwise mangled

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Required

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: Violence Date of injury 4/2/37, 1937

Where did injury occur? April 2-1937 (Specify city or town, county, and State)

Specify, whether injury occurred in industry, in home, or in public place. Railroad accident
Manner of injury fell off track
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) A. B. Calverton M. D.
(Address) Jasper, Mo.

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1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 16640
 Township Union Primary Registration District No. 55-62 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Albert E. Buckhart

(a) Residence, No. _____ St. _____ Ward. _____ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ 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. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Usual time (years) spent in this occupation _____

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

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1939

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 _____ m.

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

Death as result of
railroad accident
head crushed right
arm severed at shoulder
and otherwise mangled

Other contributory causes of importance:
falling on R.R. track
(bridge) to injury

Name of operation _____ Date of _____

What test confirmed diagnosis? 207 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? _____

If so, specify _____

(Signed) A. N. Winchester Case

(Address) Jasper Mo

SUPPLEMENT

07991-5