

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township Seneca
City Seneca

Registration District No. 611
Primary Registration District No. 4365

File No. 20813
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jewell Burkhart
(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Ada Riggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 38 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

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) Missouri

13. NAME Wiley Burkhart

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

15. MAIDEN NAME Mary E. Kinslow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co. Missouri

17. INFORMANT (ADDRESS) Jewell Burkhart Seneca Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Seneca Mo May 26 1937

19. UNDERTAKER (ADDRESS) Seneca Mo

20. FILED May 25 1937 Merle Sparlin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1937

22. I HEREBY CERTIFY, that I attended deceased from May 1 1936 to May 14 1937
I last saw him alive on May 14 1937 Death is said to have occurred on the date stated above, at 11:45 PM
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset _____
Other contributory causes of importance: Silicosis

Name of operation _____ 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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. A. Mueller, M. D.
(Address) Seneca 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.

AUG 23 1945

SEP 13 1951

AUG 14 1951