JUL 29 1937

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

Do not use this space.

24017

1. PLACE OF DEATH
County Jasper
Township
City Webb City (No. 130 S. JEFFERSON St. Ward)
Registration District No. 417
Primary Registration District No. 3021
File No.
Registered No. 59

2. FULL NAME Richard F. Burkhart
(a) Residence, No. 130 S Jefferson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 Mrs Hattie Burkhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1878

7. AGE 5 YEARS 59 MONTHS 2 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
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) Sedalia Missouri

FATHER
13. NAME John Burkhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Mary Hilland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs Hattie Burkhart Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope Cem DATE 6/3, 1937

19. UNDERTAKER (ADDRESS) Webb City Undertaking Co. Webb City, Mo.

20. FILED JUNE 3, 1937 L. P. Pritchett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4th 1937, to June 1st, 1937
I last saw him alive on June 1, 1937 Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Hemorrhage

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Other contributory causes of importance:

Cancer of Bladder.

Name of operation supra-pubic cyst to my 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?
If so, specify
(Signed) Dr. Paul W. Walker M. D.
(Address) Joplin, Mo.

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.