

AUG 23 1937

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

Do not use this space.

27118

1. PLACE OF DEATH

34 County Douglas
Township Lincoln

Registration District No. 1075
Primary Registration District No. 5581

City (No.) St. Ward

2. FULL NAME

Elizabeth Burks

(a) Residence, No. Sumner mo R4 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Smith & Burks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 1851

7. AGE YEARS 85 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. min.

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

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) W. Va.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Flora Bethford (ADDRESS) Sumner mo R4

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE July 26 (1937)

19. UNDERTAKER Ed. Clinkingbeard (ADDRESS) ava mo.

20. FILED July 21, 1937 J. H. Aiel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19 I last saw him alive on 2-25 1937 Death is said to have occurred on the date stated above, at 8 a m.

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

Chronic Nephritis
Wear

Other contributory causes of importance: 131
Sinistery

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 or injury in any way related to occupation of deceased? NO If so, specify (Signed) Dr. M. C. Gentry M. D. (Address) ava mo R3

