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 25 1937

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

Do not use this space.

File No. 27580

Registered No. 19

1. PLACE OF DEATH
County: Knox
Township: Center
City: Edina (No. ..... St. ..... Ward)
Registration District No. 441
Primary Registration District No. 4259

2. FULL NAME: Fannie Burkhart

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widow

5A. ~~If married, widowed, or divorced~~ ~~husband of~~ (OR) WIFE OF: Calvin Burkhart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 4 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired housewife

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): Indiana

FATHER

13. NAME: David Miller

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): C. F. Burkhart, Edina Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bradlear DATE: July 21, 1937

19. UNDERTAKER (ADDRESS): Kerr & Bohrer, Memphis Mo

20. FILED: July 21, 1937 Mrs. C. M. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to March 26, 1937, that I last saw h..... alive on March 26, 1937. Death is said to have occurred on the date stated above, at 10:50 P m.

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

	Date of onset
Myocarditis	

Other contributory causes of importance: Chronic Bronchitis

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? .....
If so, specify .....

(Signed) R. E. Lemmon, M. D.
(Address) Edina Mo