

SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County COOPERRegistration District No. 218

Township

Primary Registration District No. 3015City BOONVILLE(No. ST. JOSEPH'S HOSPITAL)File No. 30504Registered No. 75

St. _____ Ward _____

2. FULL NAME ROBERT MARTIN BURKE(a) Residence, No. DANVILLE ILL. 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 9-19317. AGE YEARS 6 MONTHS 6 DAYS 17 IF LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

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) BATTLE CREEK MICH13. NAME DR. J. J. BURKE14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.15. MAIDEN NAME ELEANOR STRETZ16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONVILLE MO.17. INFORMANT MRS. J. J. BURKE
(ADDRESS) DANVILLE ILL.18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETER & PAUL'S CHURCH DATE AUG 28, 193719. UNDERTAKER STEGNER & KOENIG
(ADDRESS) BOONVILLE MO.20. FILED Aug 28, 1937 Stegner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 26, 193722. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to Aug 26, 1937I last saw him alive on Aug 26, 1937. Death is said to have occurred on the date stated above, at 5:40 p.m.

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

Croup in pneumonia of 23 to lower lobe of lung.Other contributory causes of importance: 108 Enlarged ThyroidName of operation None Date of _____What test confirmed diagnosis? X-ray Was there an autopsy? No

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) Al. R. Remy, M. D.(Address) BOONVILLE MISSOURI

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 12
50M-22-30
1 X 314

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.

