

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH  
County De Witt Registration District No. 819  
Township Moody Primary Registration District No. 4189  
City 210 de Witt (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Mayme Deaton Burke  
(a) Residence, No. Vanduser Mo. 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.

File No. 46882

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Evans Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 10 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Benton, Mo.

13. NAME Joseph R. Deaton

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

15. MAIDEN NAME Elizabeth Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt Co Mo

17. INFORMANT Evans Burke (ADDRESS) Vanduser Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE De Witt, Mo DATE Dec 30 1937

19. UNDERTAKER H. J. Welch (ADDRESS) De Witt, Mo.

20. FILED 1-10 1938 Amy L. Beece Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to Dec 28, 1938  
I last saw h. or w. alive on Dec 27, 1937. Death is said to have occurred on the date stated above, at 11:50 A.M.  
The principal cause of death and related causes of importance were as follows:  
Aortic Regurgitation Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Cardiac decompensation

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) H. P. Haw \_\_\_\_\_, M. D.  
(Address) Benton 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.

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