

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

33

County *Deer*
Township *Franklin*
City..... (No..... St..... Ward)Registration District No. *266*Primary Registration District No. *5393*File No. *6607*Registered No. *10*

2. FULL NAME

(a) Residence, No. *620*

(Usual place of abode)

St., *Franklin* Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)

Infant

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

Infant

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

Dec 24, 1937

7. AGE

*1**2**2*

If LESS than 1 day, hrs. or min.

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

Infant

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)

Deer County, Mo.

13. NAME

Frank Burke

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

Deer County, Mo.

15. MAIDEN NAME

Theresa Crowder

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

Deer County, Mo.

17. INFORMANT (ADDRESS)

Frank Burke, Steadman, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLAC *Empire Cem.* DATE *Feb 20, 1938*

19. UNDERTAKER (ADDRESS)

Charley Smith, Steadman, Mo.

20. FILED

Feb 26, 1938 *H. E. Butler, M.D., Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 26, 1938*22. I HEREBY CERTIFY, That I attended deceased from *Feb 20, 1938*, to *Feb 26, 1938*I last saw her alive on *Feb 23, 1938* Death is said to have occurred on the date stated above, at *5:30 A.M.*

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

Bronchial Pneumonia Date of onset *Feb 25, 1938*

Other contributory causes of importance:

Cold *Feb 15, 1938*Name of operation *None* Date of *-*What test confirmed diagnosis? *Usual signs* 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 *none*(Signed) *H. E. Butler, M. D.*(Address) *Steadman, 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.

