

REC'D APR 2 2 1938

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Lugart Brook
City MOBEELY

Registration District No. 735
Primary Registration District No. 3034
(No. Woodland Hospital)

File No. 11871
Registered No. 53
St. _____ Ward _____

2. FULL NAME ROBERT CALVIN BURKE

(a) Residence, No. Near Paris, Mo. St. _____ Was. Near Paris, Mo.
(Usual place of abode) Woodland Hospital (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long U.S., if of foreign birth? yrs. mos. da.

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. 1 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 1 1

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

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) Feb 21 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HANNIBAL, MO.

13. NAME CALVIN K. BURKE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SHELBY, Co.

15. MAIDEN NAME F. DITH HUSS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE, Co.

17. INFORMANT Calvin K. BURKE
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE MONROE, Co.
CROOKED CREEK DATE Mar 13 1938

19. UNDERTAKER SPEED + BLAKEY
(ADDRESS) PARIS, Mo.

20. FILED March 28 1938 et al Blakes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1938, to March 1, 1938

I last saw him alive on March 1, 1938 Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Pneumonia acute lobar Date of onset Feb 26

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Arthur W. Tapp M. D.
(Address) CCC Co. 3758, Moberly, 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.

