

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Webster Registration District No. 898
 Township Edwards Primary Registration District No. 6204
 City (No. _____) St. _____ Ward _____

19840

File No. _____
 Registered No. 6

2. FULL NAME

Stillborn daughter of Mr. + Mrs. Cline Burks 6204
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) None
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. None

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Fordland Mo. (STATE OR COUNTRY) Webster Co. Mo.

13. NAME Jessie Cline Burks

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

15. MAIDEN NAME Blanch Barton

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

17. INFORMANT Cline Burks (ADDRESS) Fordland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fordland Cemetery DATE June 2, 1938

19. UNDERTAKER None (ADDRESS) _____

20. FILED 6-6-38 Lester W. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ Co. _____, 19____

I last saw h. & a. None _____, 19____. Death is said to have occurred on the date stated above, at 8:50 am.

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

Premature birth Date of onset _____

Other contributory causes of importance: _____

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) Howard T. Mason D.O.

(Address) Fordland, Mo.

