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.

REC'D JUL 19 1938

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

Do not use this space.

21425

1. PLACE OF DEATH
County Butler
Township
City Poplar Bluff (No. Brandon Hosp St. Ward)
Registration District No. 89
Primary Registration District No. 3007
File No.
Registered No. 111

2. FULL NAME Tommy Edward Burke 6 40
(a) Residence, No. Midco Mo. 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 M
4. COLOR OR RACE W
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) Aug. 8 1932
7. AGE YEARS 4 MONTHS 10 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) Shannon Co. 0

FATHER
13. NAME John c. Burke 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon co. 0

MOTHER
15. MAIDEN NAME Ruby Kennedy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Co.

17. INFORMANT (ADDRESS) J.C.Burke Midco Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Site DATE June 9/38
June
19. UNDERTAKER (ADDRESS) Croy- Leuckel Van Buren Mo.
20. FILED 6/9 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 7th, 1938, to June 8th, 1938
I last saw him alive on June 8th, 1938. Death is said to have occurred on the date stated above, at 9:30A m.
The principal cause of death and related causes of importance were as follows:

Acute Bacillary Dysentery — Date of onset 5/27/38

13B -

Other contributory causes of importance:
Malnutrition
Dehydration

Name of operation Date of
What test confirmed diagnosis? 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) C. L. Qualls, M. D.
(Address) Poplar Bluff, Mo