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 11 1938

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

22661
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 678
(b) Township Dawson — Primary Registration District No. 5905 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Burke 620
(a) Residence, No. — St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Jas Burke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-1888
7. AGE YEARS 50 MONTHS 4 DAYS 10 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 6-15-38
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakerville Ill

FATHER
13. NAME John Tame
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Jas Burke St James Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville, Mo DATE 6-23 1938
19. FUNERAL DIRECTOR (ADDRESS) W E Kickliter St James Mo
20. FILED 6-22- 1938 Elsie B. Houk Local Registrar. 611

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1938
22. I HEREBY CERTIFY, That I attended deceased from June 16, 1938 to June 19, 1938
I last saw her alive on June 19th, 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis — Date of onset
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? Nautonal — 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? No
If so, specify
(Signed) R B Hiderwood, M. D.
(Address) St James Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W E Lucklider, Licensed Embalmer No. 1970

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W E Lucklider

Licensed Embalmer No. 1970

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)