

REC'D AUG 24 1938

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

25660

Do not use this space.

## 1. PLACE OF DEATH

 (a) County LaRussell *Jasper* Registration District No. 416  
 (b) Township LaRussell Primary Registration District No. 5571B Registered No. \_\_\_\_\_  
 (c) City LaRussell; Mo. (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 Angelina Burkett
 (a) Residence, No. LaRussell, Missouri 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 Male 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 J. E. Burkett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 1 6

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 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)  
 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee13. NAME Thomas Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT J. E. Burkett  
(ADDRESS) LaRussell, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Harvey Cemetery DATE July 17, 193819. FUNERAL DIRECTOR Ulmer Funeral Home  
(ADDRESS) Carthage, Missouri20. FILED July 17, 1938 Leroy Simons  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 193822. I HEREBY CERTIFY, That I attended deceased from July 15, 1938 to July 15, 1938
 I first saw him alive on July 15, 1938 Death is said to have occurred on the date stated above, at 3:15 p.m. m.  
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Date of onset

7/15/38

Other contributory causes of importance:

 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Leroy Simons, M. D.376 (Address) Carthage, Mo.

STATEMENT BY LICENSED EMBALMER

I, E. Edler, Licensed Embalmer No. 2222

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 E. Edler

Licensed Embalmer No. 2222

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