

REC'D SEP 9 1938

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

Dr. Thomas
Do not use this space.
Squibb
28938
File No. 675
Registered No. 675

1. PLACE OF DEATH
39 County Greene Registration District No. 316
Township 1 Primary Registration District No. 2001
3 City Springfield, Mo. No. 42-3-C, Madison St. 675 Ward 675
6 2. FULL NAME Chas. Henry Burke 675
(a) Residence, No. 42-3-C, Madison St. Ward. 675
(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 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 Emma Burke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 - 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 0 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Ohio

13. NAME Chas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Chas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Emma Burke (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgemoor DATE Sept. 3 - 38

19. UNDERTAKER Chas. A. George (ADDRESS) Springfield, Mo.

20. FILED Sept 12 1938 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938 to Sept. 1, 1938
I last saw him alive on Sept. 1, 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of 9/3/38

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) Joseph W. Squibb, M. D.
(Address) Springfield, 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.

