

REC'D FEB 28 1939

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

4283

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 1122
(b) Township Clark Primary Registration District No. 6226 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

H. Thomas Burke
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 23, 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
96 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farming in Douglas
10. Date deceased last worked at this occupation (month and year) Don't know 11. Total time (years) spent in this occupation all lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co., Tenn.

FATHER 13. NAME James W. Burke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Jackson Co. South of Cumberland R.

MOTHER 15. MAIDEN NAME Matilda Richmond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Cumberland R. Jackson Co. Tenn.

17. INFORMANT (ADDRESS) Thos. L. Burke
Norwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Forest Cemetery 1/26 1939

19. FUNERAL DIRECTOR (ADDRESS) Ella J. Bouldine
Norwood, Mo.

20. FILED 2-9 1939 Roy A. Burnett Registrar
Deputy (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 23, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1938, to Jan 23 1939

I last saw him alive on Jan 23 1939 Death is said to have occurred on the date stated above, at 2:45 p. m.

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

mitral insufficiency Date of onset _____

Other contributory causes of importance: Phth

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) [Signature], M. D.

_____, Registrar (Address) _____

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X12004

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 importa.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-35-9

Date Filed FEB 16 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)

U. S. DEPARTMENT OF HEALTH
BUREAU OF ANATOMY AND PATHOLOGY
WASHINGTON, D. C.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4283
Do not use this space.

1. PLACE OF DEATH

(a) County Wright
(b) Township Clark
(c) City.....
(e) Length of residence in city or town where death occurred

Registration District No. 1122
Primary Registration District No. 6226

Registered No.....

(d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. HENRY Thomas Burke St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 96 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-9 1939 Roy G Burnett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1939

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

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) R. J. Jannoy, M. D.

(Address) Marwood Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-4283