Dr Burke

REC'D SEP 12 1939

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

29155
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township or City SPRINGFIELD
Registration District No. 318
Primary Registration District No. 2001
Registered No. 637
(d) Street No. 638 N. Franklin 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 Roberta Marie McLeer
(a) Residence, No. 638 N. Franklin 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):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1938
7. AGE: Years 1 Months 2 Days 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Springfield (STATE OR COUNTRY) Mo.

FATHER
13. NAME Kenneth McLeer
14. BIRTHPLACE (CITY OR TOWN) Christian County (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Jamie Jones
16. BIRTHPLACE (CITY OR TOWN) Greene County (STATE OR COUNTRY) Mo.

17. INFORMANT Kenneth McLeer (ADDRESS) 638 N. Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Galloway Mo DATE Aug 18, 1939

19. FUNERAL DIRECTOR (NAME) Alma Johnmeyer (ADDRESS) Springfield Mo

20. FILED Aug 17, 1939 Chas A. George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-7-, 1939, to 8-16-, 1939
I last saw her alive on 8-16-, 1939. Death is said to have occurred on the date stated above, at 10:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea	
119 hr	

Other contributory causes of importance:
Rickets

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? No
If so, specify .....
(Signed) W. J. Burke M.D.
(Address) 410 Woodruff Bldg Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.