CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D OCT 12 1939

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

Do not use this space.

File No. 32007

Registered No.

1. PLACE OF DEATH

County Caldwell

Township Mirabile

City Cameron (No. , St. Ward)

Registration District No. 101

Primary Registration District No. 5149

2. FULL NAME Millie Burkhart

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5 1872

7. AGE: Years 67 | Months 4 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Cameron Mo

FATHER

13. NAME: George Filley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron Mo Caldwell County

MOTHER

15. MAIDEN NAME: Mary Wyperd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron Mo

17. INFORMANT (ADDRESS): J. H. Burkhart Polo Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mirabile Mo DATE: 3-6-1939

19. UNDERTAKER (ADDRESS): F. Cramer Clark Kingston Mo

20. FILED: Apr 3, 1939 Mrs Ora Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934, to Mar 4, 1939. I last saw her alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 11 A. m.

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

	Date of onset
Cerebral Thrombosis (Arteriosclerotic)	Aug. 1938
Chronic Hypertensive Cardiovascular disease (Arteriosclerotic)	years ago.
Chronic Myocarditis (Arteriosclerotic)	

Other contributory causes of importance:

Generalized Arteriosclerosis	years ago
Chronic Cholecystitis with Cholelithiasis	years ago

Name of operation: None Date of

What test confirmed diagnosis? 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) L. E. Goldberg, M. D.

(Address) Polo, Mo

Licensed Embalmer — Cramer Clark
" " No — 3257
Kingston, Mo.