

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

REC'D OCT 10 1939

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

32221
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Jefferson Primary Registration District No. 3014 Registered No. 223
(c) City Jefferson (d) Street No. St. Marys Hospital 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

OLLIE MAE BURKETT
(a) Residence, No. 809 Washington St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ J. E. Burkett.
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1905
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33. 11 8.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-16 1939 to 9-25 1939
I last saw him alive on 9-25 1939 Death is said to have occurred on the date stated above, at 7:50 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1938
Post-typhoid
Septicemic meningitis 1939
Tuberculosis of Larynx
Other contributory causes of importance:
Secondary Pneumonia 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Perry Bellmore

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

MOTHER 15. MAIDEN NAME Maudie Wilson

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

17. INFORMANT (ADDRESS) J. E. Burkett, Jefferson City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Pleasant DATE Sept. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tanner Service, Jefferson City, Mo.

20. FILED 9/27/1939 A. M. M. D. Local Registrar

Name of operation Tracheotomy Date of 9-26-39
What test confirmed diagnosis? X-ray 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) Stanley B. Howard M. D.
(Address) Jefferson City, Mo.

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,

D. M. Davis

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

D. M. Davis

Licensed Embalmer No. *3741*

P. O. Address *Jefferson city mo*

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.)

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