

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

Do not use this space.

917

FEB 27 1934

N. B.—Every item of information should be carefully supplied. A GE 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.

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No.) St. Ward

2. FULL NAME Robert Lee Burkhardt
 (a) Residence, No. 10 West Henry St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred four mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/29/1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 weeks

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Clinton (STATE OR COUNTRY) Missouri

MOTHER
 13. NAME Albert Burkhardt
 14. BIRTHPLACE (CITY OR TOWN) Osceola (STATE OR COUNTRY) Missouri

FATHER
 15. MAIDEN NAME Mary Ann Miller
 16. BIRTHPLACE (CITY OR TOWN) Osceola (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Albert Burkhardt (ADDRESS) Clinton mo west Henry

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE Jan 25 1934

19. UNDERTAKER Fred Wilpinson (ADDRESS) Clinton mo 29 E 7 north

20. FILED 1-29-34 J. R. Hampton Registrar.

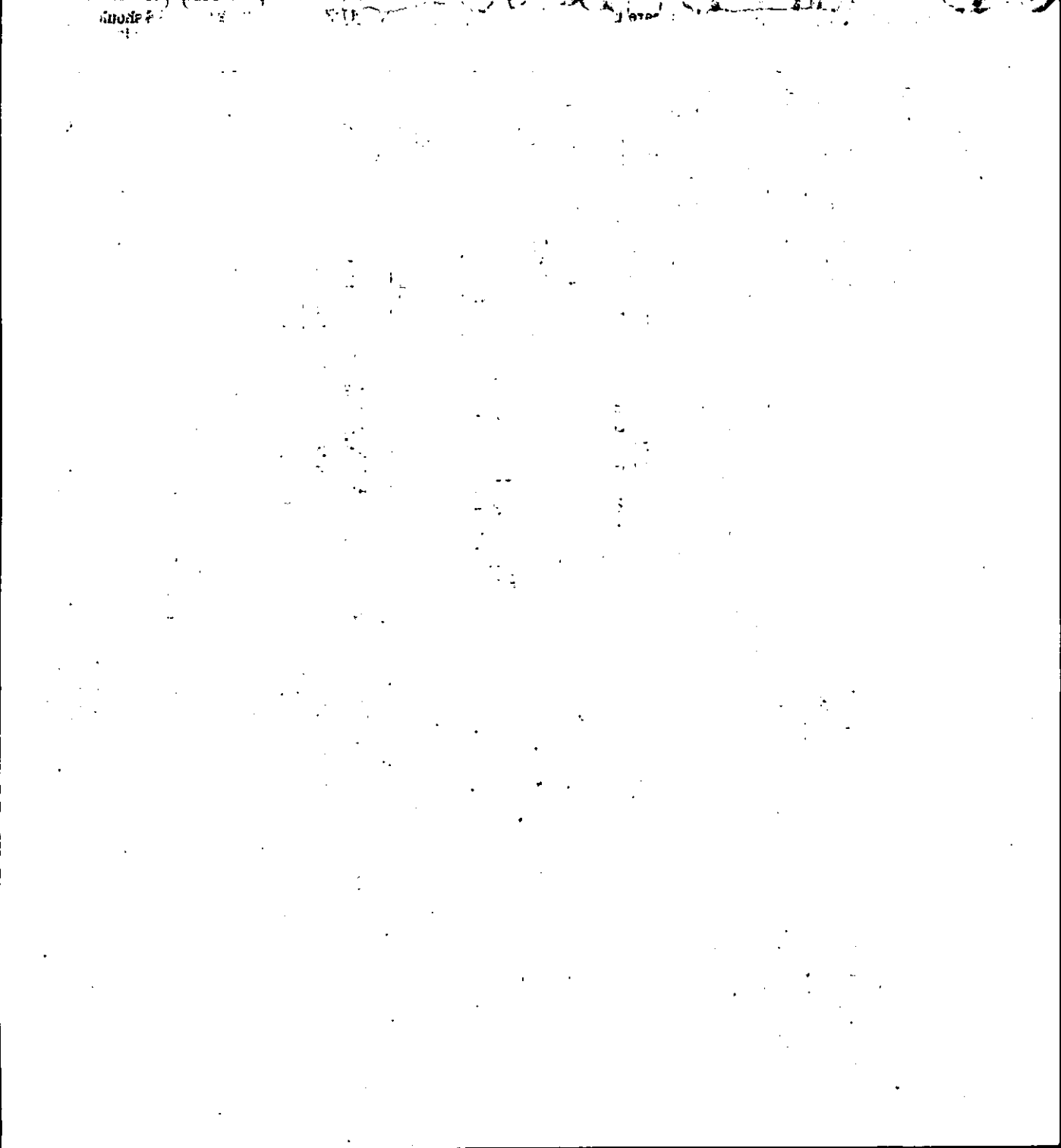
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/1934

22. I HEREBY CERTIFY, That I attended deceased from 1/29/1934 to 1/29/1934
 I last saw him alive on 1/29/1934 Death is said to have occurred on the date stated above, at 7:17 a.m.
 The principal cause of death and related causes of importance were as follows:
Congenital Syphilis
 Other contributory causes of importance: B4

Name of operation 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 R. J. Hallingworth, M. D.
 (Signed) Clinton mo
 (Address)



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No. 9176
Registered No.
St. Ward)

2. FULL NAME

Robert Lee Beckhart
(a) Residence, No. 210 W. Henry St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-23-33

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1-29-34 J R Haupt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him/her 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:

Rate 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) M. D.
(Address)

SUPPLEMENTARY

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

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.

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