

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

Do not use this space.

MAY 25 1934

16476

1. PLACE OF DEATH

County: Henry Registration District No. 3475
Township: Clinton Primary Registration District No. 3018
City: Clinton (No. 206 West Henry St. 57 Ward 1)

2. FULL NAME

(a) Residence, No. Mary Jane Burkhardt St. 57 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 Marke Burkhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 7 22

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

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) Jefferson City

13. NAME Wm. Hibbard

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

15. MAIDEN NAME Jane Shirley

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

17. INFORMANT (ADDRESS) Artie Sittle

18. BURIAL, CREMATION OR REMOVAL PLACE Englewood DATE 5-9-34

19. UNDERTAKER (ADDRESS) Benns Funeral Home

20. FILED 5-8 1934 J. R. Hampton Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1934 to May 7 1934
I last saw her alive on May 7 1934 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

Xlev.
110 + old age
162 + blind
Other contributory causes of importance 118

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) Samuel A. Paque, M. D.
(Address) Clinton Mo

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

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.

