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

14746
Do not use this space.

1. PLACE OF DEATH

(a) County _Henry_   Registration District No. _347_

(b) Township _Clinton_   Primary Registration District No. _3028_   Registered No. _____

(c) City _Clinton_   (d) Street No. _____ 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 _Robert J. Burke_ 620

(a) Residence, No. _Clinton Mo_ 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 _M_

4. COLOR OR RACE _White_

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Sept 9 1867_

7. AGE
YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	8	0	

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

9. Industry or business in which work was done, as saw mill, bank, etc. _Farmer_

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) _Culpepper Co. Virg._

13. NAME _Wm Burke_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Culpepper Co. Vir._

15. MAIDEN NAME _Martha Hisle_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Culpepper Co. Vir._

17. INFORMANT (ADDRESS) _Mrs Jas Smith Clinton Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Englewood_ DATE _5/10/38_

19. FUNERAL DIRECTOR (ADDRESS) _Consolida & Peay Clinton Mo_

20. FILED _5-10_, 19 _38_ _J R Hamh_ Local Registrar _312_

Hugh

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _May 9, 1938_

22. I HEREBY CERTIFY, That I attended deceased from _May 6, 1938_, to _May 9, 38_, 19

I last saw h alive on _May 8_, 19 _38_ Death is said to have occurred on the date stated above, at _2_ A.m.

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

Lobar pneumonia   Date of onset _May 8/38_

Other contributory causes of importance:

Influenza   _May 8/38_

Name of operation _none_ Date of _____
What test confirmed diagnosis? _Clinical_ Was there an autopsy? _no_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _no_ 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 _none_
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _no_

If so, specify _____

(Signed) _S. B. Hughes_, M.D.

(Address) _Clinton Mo._

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, _J. E. Consolus_, Licensed Embalmer No. _1891_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by..

....L. E..

No.......................................or by.., Registered Apprentice No........................

working under my personal supervision.

Signed _J. E. Consolus_

Licensed Embalmer No................................

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.)