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.

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

Do not use this space.

9555

1. PLACE OF DEATH
County: Boone — Registration District No.: 79 — File No.: 12
Township: Bourbon — Primary Registration District No.: 4047 — Registered No.:
City: Sturgeon (No. ..... St. ..... Ward)

2. FULL NAME: Mary L Burkeye
(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 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 17 1859

7. AGE: Years 69 — Months 8 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓ 92 P
(b) General nature of industry, business, or establishment in which employed (or employer): 11 P
(c) Name of employer: 107 P

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Frank Shelton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: James Shelton
(Address): Sturgeon Mo

15. FILED 3/14 1929 E. N. Gentry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 27, 1929, to Mch 13, 1929 that I last saw her alive on Mch 13, 1929, and that death occurred, on the date stated above, at 10:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza duration 14 days
Mitral insufficiency
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Broncho Pneumonia
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope
(Signed) A. R. McCormack, M. D
, 19 (Address) Sturgeon Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pleasant Grove — DATE OF BURIAL: Mar 14 1929

20. UNDERTAKER: Barnes F & Co — ADDRESS: Sturgeon Mo