

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

Do not use this space.

20492

1. PLACE OF DEATH

7 County Bates Registration District No. 50
 3 Township _____ Primary Registration District No. 3004
 4 City Butler (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 38

2. FULL NAME Uwen M Burkhart

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Dora Hall Burkhart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 15 1851
 7. AGE YEARS 80 MONTHS 3 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Leas County Missouri

FATHER 13. NAME Michael Burkhart

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

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Butler M. Burkhart

18. BURIAL, CREMATION, OR REMOVAL PLACE Walc. Hall DATE June 5 1931

19. UNDERTAKER (ADDRESS) Carver's Butler Mo.

20. FILED June 5 1931 Nancy L. Carver Registrar.

MEDICAL CERTIFICATE OF DEATH

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1931

22. I HEREBY CERTIFY, that I attended deceased from May 20 1931, to June 2 1931
 I last saw him alive on June 2 1931 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
1928
1930
93 / 86 C
 Other contributory causes of importance: Pareisis 7 yrs standing fractured hip, fell on sidewalk
 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) R. E. Crabtree M. D.
 (Address) Butler, 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.

JUL 22 1931

