

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

Do not use this space.

34737

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Jasper Primary Registration District No. 3020
 City Cartersville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Sarah Boyd Burkin
 (a) Residence, No. 1839 S. Garrison St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 23 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 Female 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 Edward Burkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 8 24

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

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) Vanbala, Missouri

13. NAME H. S. Book

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salloway Co. Missouri

15. MAIDEN NAME Christina Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salloway Co. Missouri

17. INFORMANT (ADDRESS) Mrs. E. L. Heaton, 1839 S. Garrison - 60 days

18. BURIAL, CREMATION, OR REMOVAL PLACE Waukegan, Mo. DATE Feb. 28, 1931

19. UNDERTAKER (ADDRESS) Knell Mortuary, Cartersville, Mo.

20. FILED 10-27, 1931 C. H. Kitcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1931 to 10/26, 1931

I last saw him alive on 10/24, 1931. Death is said to have occurred on the date stated above, at 6 a.m.

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

Chr atrophic arthritis Date of onset 1926
106F
57F

Other contributory causes of importance: Bronchitis acute 10/22/31

Name of operation None Date of _____
 What test confirmed diagnosis? Gen. Physical 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) H. A. La Force M.-D.
 (Address) Cartersville 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.

NOV 26 1931

