MAR 26 1935

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

Do not use this space.

5177

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No.
Township Howell — Primary Registration District No. 5535 — Registered No.
City ~~West Plains~~ (No. ~~R.R. #2~~ St. Ward)

2. FULL NAME Michael Burk
(a) Residence, No. West Plains, Mo., Rt. St. #2 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1858

7. AGE YEARS 76 MONTHS 5 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Local Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Congregational M.E. Church
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) Ind.

FATHER
13. NAME Isaac Burk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Samantha Enyart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Fred R. Burk West Plains Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gainesville Cemetery DATE Feb 24 1935

19. UNDERTAKER (ADDRESS) McFarlands General Home West Plains Mo.

20. FILED Feb. 23 1935 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to Feb 23, 1935
I last saw him alive on Feb 22, 1935. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic degenerative myocarditis	

Other contributory causes of importance:
General Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? no

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) E. Claude Bohrer, M. D.
(Address) West Plains, Mo.

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.

JUN 1 0 1948