Dr Cambre

AUG 19 1935

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

Do not use this space.

23696

1. PLACE OF DEATH
County Macon
Township Roundgrove
City ..... (No. ..... St. ..... Ward)

Registration District No. 533
Primary Registration District No. 5721

File No. .....
Registered No. 191

2. FULL NAME Ethel A. 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 Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19 - 1900

7. AGE YEARS 34 MONTHS 7 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
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) Macon Co. Mo

FATHER
13. NAME W. F. Burkhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Maggie Beall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

17. INFORMANT (ADDRESS) W. F. Burkhart Anabel Mo. R2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cem DATE 7 - 26 - 1935

19. UNDERTAKER (ADDRESS) Stephens & Goodding Macon Mo

20. FILED 8/8 1935 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 23 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2 - 1935, to July - 23 - 1935
I last saw her alive on June - 21 - 1935 Death is said to have occurred on the date stated above, at 8 00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset May 1-35

Superior Polio-encephalitis (Endemic) or Sporadic

Other contributory causes of importance:

Don't know of any

Name of operation None Date of .....
What test confirmed diagnosis? Spinal Puncture 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) A. L. Cambre, M. D.
(Address) Macon - 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.