

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.

MAY 28 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

48050

1. PLACE OF DEATH
 County Stoddard Registration District No. 836
 Township Liberty Primary Registration District No. 4507
 City Berrie mo (No. _____ St. _____ Ward _____)
 2. FULL NAME Still Borne Burke
 (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) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still Borne
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-36
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Borne
 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) Berrie mo
 13. NAME Ula Hoover Burke
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkston mo
 15. MAIDEN NAME Julia Ann Painter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berrie mo
 17. INFORMANT (ADDRESS) Gabe Painter Berrie mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Berrie mo DATE April 1 1936
 19. UNDERTAKER (ADDRESS) Wale J. Hopkins
 20. FILED May 28 1936 G. Florence Ulee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1936
 22. I HEREBY CERTIFY, That I attended deceased from 3-31-1936, 1936, to 3-31-1936, 1936
 I last saw him alive on 3-31-1936, 1936. Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:
Still Borne
 Date of onset
 Other contributory causes of importance:
 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? _____
 If so, specify _____
 (Signed) Lawsey Ryan, M. D.
 (Address) Berrie mo

180
36
216
15
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38

1500
116
1616