

JUN 24 1937

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

Do not use this space.

20708

1. PLACE OF DEATH

67 County Mississippi Registration District No. 566
Township Springfield Primary Registration District No. 5762
City Charleston (No. 2) St. 1 Ward

2. FULL NAME

Cara Burks
(a) Residence, No. Ben Keurch farm St. 1 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 Negro 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) May 20th 1904

7. AGE YEARS 34 MONTHS 11 DAYS 16 If LESS than 1 day, hrs. or min.

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

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) Unknown (STATE OR COUNTRY) Arkansas

13. NAME Joe Burks

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Mary Meeks

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mississippi

17. INFORMANT S. D. Burks (ADDRESS) Charleston Mo

18. BURIAL, CREMATION OR REMOVAL PLACE William Cemetery DATE 5/13 37

19. UNDERTAKER Frank Linn Funeral Service (ADDRESS) Charleston Mo

20. FILED 5-13-1937 F. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 5874

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1937

22. I HEREBY CERTIFY, That I attended deceased from

Did not have a doctor to have occurred on the date stated above, at m.
I last saw h. alive on 19 to 19
The principal cause of death and related causes of importance were as follows:

Influenza and Lobar Pneumonia following the influenza
Date of onset

Other contributory causes of importance: 11/2
This is the history given by the family
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 H

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank S. Vernon, M. D.
(Address) Charleston Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

