

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township Washington  
City St. Joseph, Mo. (No. St. Joseph Hospital)

Registration District No. 85  
Primary Registration District No. 1001

File No. 2082  
Registered No. 63  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2405 So - 7<sup>th</sup> St St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (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) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Infant of Gilbert Lee Burkley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/16/38  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 0 35

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) home 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

MOTHER 13. NAME Gilbert Lee Burkley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton, Mo.

15. MAIDEN NAME Cor. Elizabeth Heiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

17. INFORMANT Gilbert Lee Burkley (ADDRESS) 2405 So - 7<sup>th</sup> St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 1/18 1938

19. UNDERTAKER W. R. Sidenfaden (ADDRESS) 602 So - 10<sup>th</sup> St.

20. FILED 1-18 19 38 H. J. Neethus Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1938 to Jan 16 1938. I last saw h...e...t... alive on Jan 16 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Prematurity  
Six months gestation  
159  
Other contributory causes of importance:  
Cause of premature delivery not known

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test or tests were made? clinical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify when and where occurred in industry, in home, or in public place. FEB 21 1938

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) Ed Strant M.D. M. D.  
(Address) 9207 King, St. Joe, 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.

