

REC'D MAR 15 1939

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

5850

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 72
(b) Township Centralia Primary Registration District No. 4041 Registered No. 36
(c) City Centralia (d) Street No. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY LOU BURKS
(a) Residence, No. Centralia, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Own home
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) Centralia Mo

FATHER 13. NAME Chas Moberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

MOTHER 15. MARDEN NAME Christiana

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT (ADDRESS) Jessie Burke Davis Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE 2-27 1939

19. FUNERAL DIRECTOR (ADDRESS) M. J. McPherson Centralia Mo

20. FILED 2/27 1939 Frank W. Bradley Local Registrar. 35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from 1938, to Feb 25, 1939

I last saw him... alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Tub. 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) W. G. White !, M. D.

(Address) Centralia 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.

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STATEMENT BY LICENSED EMBALMER

I, *M J McDonald*

Licensed Embalmer No. 2589

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed *M J McDonald*

Licensed Embalmer No. 2589

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)