

JUN 21 1939

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

19029
Do not use this space.

1. PLACE OF DEATH
 (a) County Laclede Registration District No. 277
 (b) Township Stoutland Mayfield Primary Registration District No. 3610 Registered No. 6
 (c) City Stoutland, MO. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Hubert Burke
 (a) Residence, No. Stoutland Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th 1888

7. AGE 50 YEARS 9 MONTHS 9 DAYS 73 HRS. 1878 MIN.

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years, months, and days) spent in this occupation most of his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutland, Laclede County, Mo.

FATHER: 13. NAME Joe Burke 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutland, MO.

MOTHER: 15. MAIDEN NAME Drusie Northip 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoutland, MO.

17. INFORMANT Delia Burke (ADDRESS) Stoutland, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Honea Cemetary DATE May 8th, 1939

19. FUNERAL DIRECTOR Virgil Evans (ADDRESS) Stoutland, MO.

20. FILED 5-13- 1939 L.E. Coakley Local Registrar.

MEDICAL CERTIFICATE OF DEATH:

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7-1939

22. I HEREBY CERTIFY, That I attended deceased from 5-1- 1939 to 5-7- 1939
 I last saw him alive on 5-7- 1939 Death is said to have occurred on the date stated above, at 10 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver
 Date of onset 6 months
 Other contributory causes of importance: 46
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. A. Lowrey M. D.
 (Address) 408 Richard

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-947

Date Filed 6-9-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)