

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

Do not use this space.

27158

112  
 112  
 5  
 AUG 19 1939

1. PLACE OF DEATH  
 County Webster Registration District No. 901  
 Township 1 Primary Registration District No. 6209A  
 City Rogersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clarence Edward Burks  
 (a) Residence, No. Rogersville, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 20 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? 2 yrs. 4 mos. 2 ds.

File No. \_\_\_\_\_  
 Registered No. 53  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1919</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerking</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Drug Store</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 14, 1939</u> 11. Total time (years) spent in this occupation <u>20</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rogersville, Mo.</u>		
FATHER	13. NAME <u>J. W. Burks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fordland, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Milma Edson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fordland, Mo.</u>	
17. INFORMANT <u>Ray Burks</u> (ADDRESS) <u>Rogersville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fordland, Mo.</u> DATE <u>7-16-1939</u>		
19. UNDERTAKER <u>Kelly, Fenell</u> (ADDRESS) <u>Rogersville, Mo.</u>		
20. FILED <u>7-16-1939</u> <u>J. C. Bassore</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to July 14, 1939  
 I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 4:20 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Strychnine Poisoning Date of onset July 14

Other contributory causes of importance:  
Investigated by K. K. Kelley - coroner. Autopsy not performed because of patient's account of condition.

Name of operation account of condition.  
 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. N. Jones D.O., M.D.  
 (Address) Rogersville, Mo.

R. K. Kelley coroner Webster Co

RECEIVED

District Health Officer No. 6,

District File Number 839-1723

Date Filed AUG 17 1939

195  
62

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

27158

Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 901  
 (b) Township \_\_\_\_\_ Primary Registration District No. 6209B Registered No. \_\_\_\_\_  
 (c) City Rogersville (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

Clarence Edward Burkes  
 (a) Residence, No. \_\_\_\_\_ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s  
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>1</u>	<u>5</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19\_\_  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

SUPPLEMENT

strychnine poisoning Date of onset 179

Other contributory causes of importance:  
Investigated by K. K. Kelley's autopsy not performed because of patient's account of condition  
 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? Accident Date of injury 7-14, 1939  
 Where did injury occur? Rogersville, Webster, Mo.  
(Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In public place  
 Manner of injury Ingestion of strychnine  
 Nature of injury acute strychnine poisoning

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. W. Jones M. D.  
 (Address) Rogersville, Mo.

1939  
S-27158