CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 8 1940

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

Do not use this space.

44336

1. PLACE OF DEATH
County Pike
Township Cuivre
City Cyrene
Registration District No. 684
Primary Registration District No. 591
File No.
Registered No. 36
(No. ..... St. ..... Ward)

2. FULL NAME 620 James Campbell Burks

(a) Residence, No. ..... St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 1861

7. AGE: YEARS 78 | MONTHS | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Pike Co. Missouri

FATHER
13. NAME Alfred Burks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Co Virginia

MOTHER
15. MAIDEN NAME Isabel Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Miss Isabel Burks Cyrene Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cem DATE 12-20 1939

19. UNDERTAKER (ADDRESS) Mrs Grace Bankhead Bowling Green, Mo

20. FILED 12-31 1939 Mrs Summerset Carl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1939, to Dec 18th 1939
I last saw him alive on Dec 17th 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:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:
Arterio-sclerosis

Name of operation none Date of —
What test confirmed diagnosis? Typical findings 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) J B Biggs M. D.
(Address) Bowling Green, Missouri

RECEIVED
District Health Officer No. 10
District File Number 1-40-28
Date Filed JAN 3 1940