N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

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

Do not use this space.

26568

File No. .....
Registered No. 73

1. PLACE OF DEATH
County: Webster
Township: W. Benton
City: ..... (No. 620 ..... St. ..... Ward)
Registration District No. 901
Primary Registration District No. 6209

2. FULL NAME: Ellen Burks
(a) Residence, No. Fordland Sec. R#1 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Wm. B. Burks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 5 1872

7. AGE: Years 68 Months 4 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Webster Co., Mo.

FATHER
13. NAME: Smith Burke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Criger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mary Orton R.C. Fordland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Green Hill DATE: July 24, 1940

19. UNDERTAKER (ADDRESS): Kelly-Fizzell Fordland, Mo.

20. FILED 7-29-1940. E. C. Bassore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to July 23, 1940.
Last saw h. alive on July 20, 1940. Death is said to have occurred on the date stated above, at 11:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic	
Constipation	
nephritis	

Other contributory causes of importance: 131

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? ..... 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? .....
If so, specify .....
(Signed) W. F. Schenck, M. D.
(Address) Monett Mo

RECEIVED
District Health Officer No. 6,
District File Number 840-2490
Date Filed AUG 19 1940