

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

Do not use this space.

OCT 25 1937

1. PLACE OF DEATH

County Candoroph Registration District No. 786
Township Prairie Primary Registration District No. 1435
City Clack (No. _____) St. _____ Ward _____

File No. 35089

Registered No. 12

2. FULL NAME Andrew J. Burkey

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25th 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1937 to Sept 23rd 1937, 1937

I last saw him alive on Sept 23rd 1937, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22nd 1865

to have occurred on the date stated above, at 7:45 P. m.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 7 3

Carcinoma of Stomach Date of onset _____

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Retired
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 _____

Other contributory causes of importance: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Anthony Burkey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

22. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

15. MAIDEN NAME Josephine Pugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

Manner of injury _____

Nature of injury _____

17. INFORMANT W. P. Burkey
(ADDRESS) 207 S. 4th St. Clack, Mo

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. A. Wood, M. D.

(Address) Clack Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope Mo DATE Sept 27th 1937

19. UNDERTAKER Margan and Sons
(ADDRESS) 100 S. 4th St. Clack, Mo

20. FILED Sept 30 1937 W. P. Burkey
Registrar.

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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