

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

1 PLACE OF DEATH
County Barry
Township Butterfield
Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 31 File No. 8538
Primary Registration District No. 6240 Registered No. 7

2 FULL NAME Missouri Burkett

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH Feb. 13 1862
(Month) (Day) (Year)

7 AGE 67 yrs. 1 mos. 13 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Oregon County, Mo.

PARENTS

10 NAME OF FATHER John Keeling

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) X Tenn.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 26 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb. 23 1919 to Mar. 26 1919 that I last saw her alive on Mar. 25 1919 and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH* was as follows:
Organic Heart Disease

(Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Urinary Condition
(Duration) 1 yrs. 6 mos. _____ ds.

(Signed) B. B. Kelly M. D.
4/5 1919 (Address) Parody, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Vineyarder DATE OF BURIAL Mar. 27 1919

20 UNDERTAKER P. E. Horner ADDRESS Cassville, Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Walter Burkett
(Address) Butterfield, Mo.

15 Filed 4/5 1919 A. J. Cleary Registrar

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.

