MAY 27 1927

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

Do not use this space.

12063

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township ~~Galena~~ — Primary Registration District No. 200 — Registered No. 189
City Joplin (No. 1729 Bird St. St. Ward)

2. FULL NAME Rebecca E. Burch.
(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 Female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1883
7. AGE Years 43. Months 5 Days 26 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book-Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Andrain Co (STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Andrew J. Burch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Andrain Co (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Jessie Mapes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York.
14. INFORMANT Mrs Jessie Burch (Address) Joplin Mo
15. FILED 4/14/1927 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11, 1927
17. I HEREBY CERTIFY That I attended deceased from Nov 27, 1926, to April 9, 1927 that I last saw her alive on Apr 9, 1927, and that death occurred, on the date stated above, at 8:00 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
74 a
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. M. Strickland, M. D
4/12, 1927 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL M. J. Hope Cem. — DATE OF BURIAL 4/14 1927
20. UNDERTAKER Hurlbut Und Co — ADDRESS Joplin Mo

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.