JG 2 1 1928

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

Do not use this space.

23083

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 891

City: St. Joseph, (No. 909 No. 4th. St. St. Ward)

2. FULL NAME Dorothy Minnetta 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. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 16, 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	20	2	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute, Ind.

PARENTS

10. NAME OF FATHER: William C. Burch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

12. MAIDEN NAME OF MOTHER: Christina Gerold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

14. INFORMANT (Address): William C. Burch, 909 No. 4th. St.

15. FILED JUL 24 1928 19 John G. Jutz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 23, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to July 23, 1928 that I last saw her alive on July 23, 1928, and that death occurred, on the date stated above, at 6.15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

234 (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Leroy Beck, M. D

July 23, 1928 (Address) Lincoln Bldg. St. Joseph, 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	DATE OF BURIAL
Memorial Park Cemetery	July, 25, 19 28

20. UNDERTAKER	ADDRESS
Walter Meinhoffer	1302 Faraon St

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.