JUL 29 1929

Ryan

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

Do not use this space.

26836

1. PLACE OF DEATH
County: Stoddard — Registration District No.: 908
Township: Mountain Grove — Primary Registration District No.: 4549
City: Mountain Grove (No. ..... St. ..... Ward)

File No. .....
Registered No. 54

2. FULL NAME: Myrtle 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: 5 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 2 – 1883

7. AGE: Years 45 | Months 9 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Miller County
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: J.B. Carlton
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Miller Coun
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Catherine Howdon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Miller County
(STATE OR COUNTRY): Missouri

14. INFORMANT: Muriel Burch
(Address): Mtn Grove Mo

15. FILED 7/30 1929 — J. A. Buckard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22 – 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1929, to July 22, 1929, that I last saw her alive on July 22, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis following Rheumatism
S.L.E.
9 2 B (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. A. Ryan, M. D.
8/8, 1929 (Address) Mtn Grove

*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: Lumpong Cem Wright Co — DATE OF BURIAL: July 23 – 1929
20. UNDERTAKER: Moore — ADDRESS: .....

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.

THIS IS A PERMANENT RECORD

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