

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

Do not use this space.

15860

File No. _____
Registered No. 382
St. _____ Ward)

1. PLACE OF DEATH Home
County _____ Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Buras Hospital
2. FULL NAME Billie Hubert Burtchett
(a) Residence No. Marshfield Mo 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11, 1920
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10 4 6

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1930
17. I HEREBY CERTIFY, That I attended deceased from May 11, 1930, to May 17, 1930, and that I last saw him alive on May 17, 1930, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

132 1/2 107 1/2 Pneumonia Bronchial

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

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

9. BIRTHPLACE (CITY OR TOWN) Marshfield Mo. (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER H. D. Burtchett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co. Mo.
12. MAIDEN NAME OF MOTHER Ira J. Downing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Mo.

18. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Alphas Smith M. D.
(Signed) _____
May 17, 1930 (Address) Springfield 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.

14. INFORMANT H. D. Burtchett (Address) Marshfield Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marshfield, Mo. DATE OF BURIAL 5/18 1930

15. FILED 5/17 1930 Lon Sharp REGISTRAR

20. UNDERTAKER H. J. M. Mchen ADDRESS Marshfield Mo

N. B.—Every item of information 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.

