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.

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

Do not use this space.

35133

1. PLACE OF DEATH
County New Madrid
Township
City Matthews (No. , 4553 St. Ward)
Registration District No. 345
Primary Registration District No. 58
File No.
Registered No.

2. FULL NAME Rella Fay 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14th. 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
28	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffersonville Ind.

FATHER
13. NAME R. J. Lavender
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Ky.

MOTHER
15. MAIDEN NAME Mertie Harvey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Ky.

17. INFORMANT (ADDRESS) Marven Lavender Matthews Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Matthews Mo. DATE Oct. 10th, 31

19. UNDERTAKER (ADDRESS) John Albritton Sikeston, Mo.

20. FILED Nov. 9, 1931 James E. Deane Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th. 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-1930, 19 to 10/1/31, 19
I last saw her alive on 10/1, 1931 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(Pulmonary)	
(Pulmonary)	
23A	
92A	

Other contributory causes of importance:
Mitral Valve Lesion

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. O. Bannon, M. D.
(Address) Corbett Office