

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.

FEB 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

880

1. PLACE OF DEATH

45 County Howard
 4 Township Chariton
 2 City Glasgow (No. _____, St. _____, Ward _____)

Registration District No. 329Primary Registration District No. 10223

File No. _____

Registered No. _____

2. FULL NAME Mrs. Rebecca L. Birch

(a) Residence, No. _____ St. _____

(Usual place of abode)

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred life 79 yrs.

yrs. mos. ds.

How long in U. S., if of foreign birth? _____

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas E. Birch6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Glasgow Mo.

FATHER

13. NAME Salomon Venturison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

MOTHER

15. MAIDEN NAME Maria Venturison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo.17. INFORMANT Mrs. Rebecca Birch (ADDRESS) Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Cem. DATE Jan 6, 193419. UNDERTAKER Valdwin T. Kinsley (ADDRESS) Glasgow Mo.20. FILED 1/13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 193222. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1931, to Jan 4, 1932I last saw her alive on Jan 4, 1932 Death is saidto have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis of coronary artery

Date of onset _____

Other contributory causes of importance 94B 94B

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? no

If so, specify _____

(Signed) W. H. Kinsley, M. D.(Address) Glasgow Mo.

