V. S. No. 155—Original
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

MAY 28 1932

ORIGINAL.

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

Registered No. 149671

IOWA

1. PLACE OF DEATH

98 County Schuyler 807 State: Missouri

Township Chariton 6052 or Village .... or

City ~~Coatsville~~ No. .... St., ... Ward

(If death occurred in a hospital or institution give its name instead of street and number)

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.

2. FULL NAME Lydia Bevalinu Burgher

(a) Residence. No. .... St., ... Ward ....
(Usual place of abode) (If non-resident give city or town and State)

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 John Burgher

6. DATE OF BIRTH (month, day, and year) June 24, 1858

7. AGE Years	Months	Days	If less than 1 day, ...hrs. or ...min.
73	9	21	

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) April 1932

11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (city or town) (State or country) Davis County, Iowa 2

FATHER

13. NAME Thomas Mitchell 9

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Patsy Pickler

16. BIRTHPLACE (city or town) (State or country) unknown 31

17. INFORMANT X R L Burgher
(Address) 29 Windsor Place Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Place Horn Cemetery Date April 16 1932

19. LICENSED EMBALMER E. R. Moen No. 2497
(Address) Moulton, Iowa

20. FILED April 16, 1932 Clarence [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from ...., 19.... to ...., 19....

I last saw h... alive on ...., 19.... death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Was dead when I arrived, judge it was heart trouble.

Contributory causes of importance not related to principal cause:

FJB 1

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? no

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) G. L. Cox, M. D.

(Address) Moulton, Ia.

(OVER)

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.?_____ If so give name of War_____

I, E. P. Moen Licensed Embalmer No. 2497 hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself L. E. No._____ or by_____ Registered apprentice No._____ working under my personal supervision.

Signed E. P. Moen

Licensed Embalmer No. 2497

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license).