

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

Do not use this space.

22634

1. PLACE OF DEATH

4 County Hall Registration District No. 373
6 Township Primary Registration District No. 4219
6 City Oregon (No. St. Ward)

2. FULL NAME

Myranda D Burtz
(a) Residence, No. Oregon, 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 1 yrs. 1 mos. 1 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 A. J. Burtz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1951
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 1950 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leesville, Ohio

13. NAME Andrew McFarland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

15. MAIDEN NAME Unknown Lester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT H. M. Durgan (ADDRESS) Oregon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Braddyville DATE July 16 1951

19. UNDERTAKER A. U. Lehner (ADDRESS) Oregon Mo.

20. FILED 7-16-51 1951 B. J. Thandler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1952

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1951 to July 14 1952
I last saw her alive on July 14 1952. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Dr. A. J. W.

Other contributory causes of importance:

(D)

Name of operation none Date of

What test confirmed diagnosis? none 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?

If so, specify was not
(Signed) E. F. Murray, M. D.

(Address) Oregon Mo.

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.

AGE 84 1932

