

May 20 1933

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

Do not use this space.

4946-1

1. PLACE OF DEATH

County Cass
Township Orange
City Orange (No. _____)

Registration District No. 117
Primary Registration District No. 3167

File No. 7
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ersk E. Burch
(a) Residence, No. Rum Creek Mo
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Burch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1865 - 7 - 28</u>		
7. AGE <u>67</u>	YEARS <u>7</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
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) <u>Missouri</u>
13. NAME <u>Wesley Scott</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
15. MAIDEN NAME <u>Don't know</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
17. INFORMANT (ADDRESS) <u>Clarence Burch</u> <u>Rum Creek Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lion</u> DATE <u>2-18</u> 19 <u>33</u>
19. UNDERTAKER (ADDRESS) <u>L. King</u>
20. FILED <u>June 10, 1933</u> <u>Lizzie Keller</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 19 33

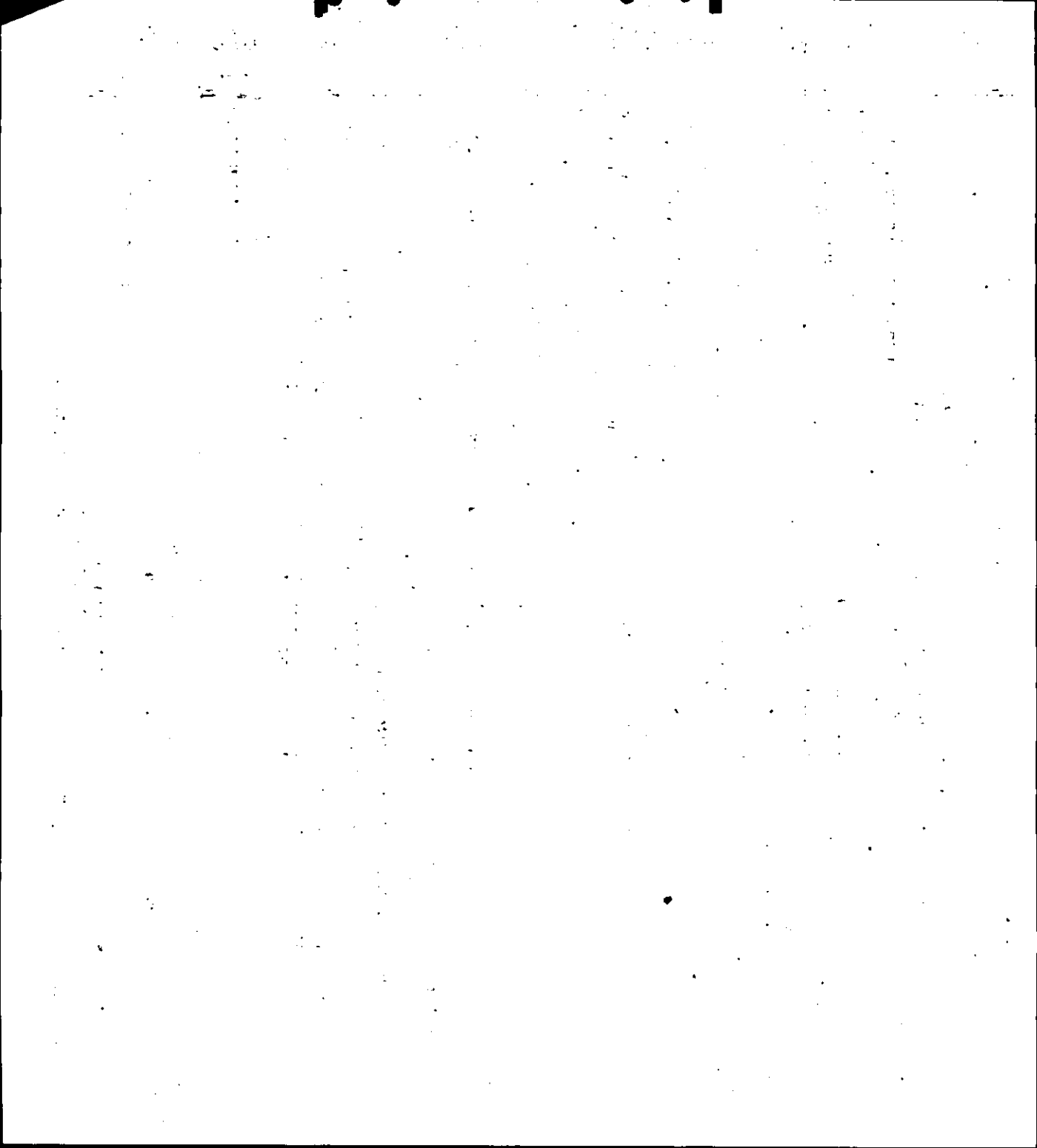
22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1933 to Feb 17 1933
I last saw h. er alive on Feb 16 1933 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Influenza
118
118
Other contributory causes of importance
none

Name of operation none Date of no
What test confirmed diagnosis? Physian Verdict 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 none
(Signed) Dr. Carbone M. D.
(Address) Orangeville Mo.



**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

County Warden
Township Osage
City Osage

Registration District No. 117
Primary Registration District No. 5767

File No.....
Registered No.....
St. Ward

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred			How long in U. S., if of foreign birth?		
yrs.	mos.	ds.	yrs.	mos.	ds.

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>27</i>	4. COLOR OR RACE <i>21</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 . 1944

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-28-1965

I last saw h..... alive on....., 19..... Death is said

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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to have occurred on the date stated above, at.....m.

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

Date of onset

Date of onset:

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

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)**

13. NAME

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

15. MAIDEN NAME

**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER
(ADDRESS)

20. FILED June 10, 1933 *Ernest J. Kelly*

Other contributory causes of importance:

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)..... M. T.

(Address).....

Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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