

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.

9353

1. PLACE OF DEATH

County Howard
Township Chariton
City _____ (No. _____)

Registration District No. 379
Primary Registration District No. 4223

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

2. FULL NAME

Anthony Birch
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Gasow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1859</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>5</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Mar. 1933</u>		
11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forest Green Mo.</u>		
13. NAME <u>Joe Birch</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton County Mo.</u>		
15. MAIDEN NAME <u>Maury Birch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Mary Birch Glasgow Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow Mo.</u> DATE <u>April 1, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wheeler & Pridemore Glasgow Mo.</u>		
20. FILED <u>4/17, 1933</u> <u>Pansy Temple</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933, to March 29, 1933
I last saw him alive on March 29, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Date of onset 1930

Other contributory causes of importance: 930

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic 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) Carl C. Heger, M. D.
(Address) Glasgow, Mo.

