

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

Do not use this space.

28644

**1. PLACE OF DEATH**

County Webster Registration District No. 899  
 Township Washington Primary Registration District No. 6206  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 8

**2. FULL NAME**

Ellen Burchfield  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hr. \_\_\_\_ min.  
30 min.

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) Webster Co, Mo.

13. NAME Russell Burchfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co, Mo.

15. MAIDEN NAME Lola Shortt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co, Mo.

17. INFORMANT (ADDRESS) W. R. Burchfield  
Marshallfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke DATE Aug 4 1933

19. UNDERTAKER (ADDRESS) W. T. Mc Mahan  
Marshallfield Mo.

20. FILED 9-5-33 1933 D. R. Whitlow  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1933 to Aug 4 1933  
 I last saw her alive on Aug 4 1933 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:  
 \_\_\_\_\_ Date of onset \_\_\_\_\_

Other contributory causes of importance: 159  
Pneumonia  
151

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 \_\_\_\_\_  
 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) W. T. Mc Mahan, M. D.  
 (Address) Marshallfield Mo.

SEP 26 1933

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.

