Dr. Rambo

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

Do not use this space.

16160

File No. 158

Registered No.

JUN 20 1934

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.

1. PLACE OF DEATH

County: Cole — Registration District No.: 213

Township: — Primary Registration District No.: 3014

City: Jefferson (No. ..., ... St. ..... Ward)

2. FULL NAME: Edson L. Burch

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Orian P. Burch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov-27-1874

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	5	26	

OCCUPATION

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

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): Jefferson City, Mo

FATHER

13. NAME: Oscar G. Burch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York State

MOTHER

15. MAIDEN NAME: Mary Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio State

17. INFORMANT: Mrs. Edson L. Burch
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: River View Cem DATE: May-24-, 1934

19. UNDERTAKER: Hope & Gordon
(ADDRESS) Jefferson City Mo

20. FILED 5-23-, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 22, 1934.
I last saw h..... alive on May 22 A.M., 1934. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
137	
930	
1044	

Other contributory causes of importance: Hypertrophy of Prostate
Chr. Myocarditis

Name of operation: Prostatectomy 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?
If so, specify
(Signed) W. T. Rambo M. D.
(Address) Jefferson City Mo