

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

1934
Do not use this space.
wad
ayah
File No. 27984
Registered No. 6
St. Ward)

1. PLACE OF DEATH

County Stone Registration District No. 844
Township Panola Primary Registration District No. 6107
City St. Louis (No. 100)

2. FULL NAME

(a) Residence, No. M. B. Burchett St. Panola Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. C. Burchett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1854
7. AGE YEARS 79 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME Epworth Norton

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT Myrtle Gibson (ADDRESS) Swartz Creek Mich

18. BURIAL, CREMATION, OR REMOVAL PLACE Panola DATE 7-10 34

19. UNDERTAKER W. R. Kellum (ADDRESS) Crane, Mo.

20. FILED 7-13- 1934 Ola Magers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9 34

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1934, to July 9, 1934

I last saw h. alive on July 8, 1934 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
and Valvular Heart Disease
7-10 34

Date of onset

Other contributory causes of importance:
None

Name of operation None 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? No

If so, specify

(Signed) J. H. Padgett, M. D.

(Address) Epworth

