

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

Do not use this space.

43675

1. PLACE OF DEATH
 County Marion Registration District No. 547
 Township Hason Primary Registration District No. 3029
 City Hannibal, Mo. (No. St. Elizabeth Hospital St. _____ Ward _____)

File No. _____
 Registered No. 365

2. FULL NAME Bessie D. Burch
 (a) Residence, No. 605 Olive St. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert H. Burch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1881
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
52 11 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. At home
 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) Hannibal, Mo.
 (STATE OR COUNTRY)

FATHER
 13. NAME Charles L. Davis
 14. BIRTHPLACE (CITY OR TOWN) Marion County Mo.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Belle J. Hoke
 16. BIRTHPLACE (CITY OR TOWN) Marion County, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Robert H. Burch
 (ADDRESS) Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Olivet Cem DATE Dec. 21 1934

19. UNDERTAKER Roy P. Schwartz,
 (ADDRESS) Hannibal, Mo.

20. FILED Dec. 22 19 34 R. V. Ishbister
 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1934 to Dec. 19th 1934
 I last saw her alive on Dec. 19th 1934 Death is said to have occurred on the date stated above, at 3:20 A. M.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset _____

Other contributory causes of importance:
108

Name of operation _____ Date of _____ No _____
 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) A. B. Blue _____, M. D.
 (Address) Hannibal, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Copy
Original lost in mail

