

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

Do not use this space.

38808-2

MAR 17 1936

1. PLACE OF DEATH

County Camden
Township Osage
City Camden (No. 1)

Registration District No. 117
Primary Registration District No. 5167

File No. 1
Registered No. 1
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. John Marshall Burch St. 1 Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) Sep 18 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
5 7 7

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) John Milton Burch
(STATE OR COUNTRY) Camden Co. Mo.

13. NAME John Milton Burch

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

15. MAIDEN NAME Julia Margaret Hanks

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

17. INFORMANT James Milton Burch
(ADDRESS) Russ Creek Mo. R.F.D. 20

18. BURIAL, CREMATION, OR REMOVAL

PLACE Iron Cemetery DATE Dec 26 1935

19. UNDERTAKER Edie Ganshaw Wolery
(ADDRESS) Camden Mo.

20. FILED Mar 10, 1936 Kizzie T. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1 1935 to Dec 24 1935

I last saw him alive on Dec 24 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

peritonitis
meningitis

Other contributory causes of importance:

Name of operation none Date of no
What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) E. C. Robinson, M. D.
(Address) Camden Mo.

[illegible]

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