

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.

APR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9664

1. PLACE OF DEATH

County Cass
 Township Everett
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 147
 Primary Registration District No. 5211

File No. _____
 Registered No. _____

2. FULL NAME

Bart Burchett

(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 Male 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 Lula Burchett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Floyd County, Ky.

13. NAME Thomas Burchett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Letisha Vaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Lula Burchett
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Everett DATE Mar. 29, 1936

19. UNDERTAKER Atkinson & Easteria
 (ADDRESS) Archie Mo.

20. FILED Mar. 29, 1936 Mar. Doe Adair
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936 to Mar. 26, 1936

I last saw him alive on Mar. 26, 1936 Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Influenza

Date of onset

3/19

Other contributory causes of importance:

HB

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 _____, 1936

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) B. B. Lout, M. D.
 (Address) Archie Mo.

