

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

Do not use this space.

31651

1. PLACE OF DEATH

SEP 25 1936

County Marion
Township Marion
City Hannibal (No. 520 Section)

Registration District No. 547
Primary Registration District No. 3679

File No. _____
Registered No. 219 St. _____ Ward _____

2. FULL NAME

William H. Burchett

(a) Residence, No. 520 Section St. _____ Ward _____

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936 to Aug 9, 1936
I last saw him alive on Aug 8, 1936 Death is said to have occurred on the date stated above at 12:15 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1926

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 11

Premature birth
159
Other contributory causes of importance: _____
Date of onset _____

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. Child
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) Hannibal Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? NO

13. NAME Donald D. Burchett.

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)

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

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

15. MAIDEN NAME Blodwyn Lambert.

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

17. INFORMANT Donald D. Burchett. (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE August 10, 1936

19. UNDERTAKER James O'Donnell (ADDRESS) Hannibal Missouri

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) S. R. Motley, M. D.
(Address) Hannibal Mo.

20. FILED Aug 12, 1936 H. C. Fisher Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state MORE than one cause of death where applicable. I. I. PHYSICIANS should state

