

MAR 29 1937

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

Do not use this space.

9337

1. PLACE OF DEATH

County

Wright

Registration District No.

908

File No.

Township

Mt. Zion

Primary Registration District No.

6222

Registered No.

9

City

(No.

St.

Ward)

2. FULL NAME

Isaac Burch

(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 69 yrs. mos. ds.

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

Sara Burch

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

Aug 1 - 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

91

5

3

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

Retired

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)

Ind.

13. NAME

Wiley Burch

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

N.C.

15. MAIDEN NAME

Adeline Bingham

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

N.C.

17. INFORMANT (ADDRESS)

Sara Burch

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hill Crest

DATE 1-5-

1937

19. UNDERTAKER (ADDRESS)

None

20. FILED

2-27-1937

Derrice Montgomery
Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-4

1937

22. I HEREBY CERTIFY, That I attended deceased from

to attending 19 to 19

I last saw him alive on 19. Death is said

to have occurred on the date stated above, at m.

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

Arteriosclerosis and
hypertension of organ

Date of onset

Other contributory causes of importance:

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, 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)

J. W. Schubert

M. D.

(Address)

1111 1/2 Main Street, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X729A

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.

