

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **822** , **Farrar** St. .... Ward)

File No. **10572**  
Registered No. **3146**

2. FULL NAME **Nettie Burchett**

(a) Residence, No. **822 Farrar** St. **26** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred **20** 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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Granvill Burchett**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 8, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**62 10 13**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
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) **Unknown Kentucky**

13. NAME **Louis Taylor**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Monticello Kentucky**

15. MAIDEN NAME **Ruth Ellis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Tennessee**

17. INFORMANT **Eula Blackwell** (ADDRESS) **Salem Missouri**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Jamestown, Kentucky** DATE **March 24, 1937**

19. UNDERTAKER **SUEDMEYER & SONS** (ADDRESS) **3934 N. 20th St**

20. FILED **MAR 22 1937** **J. P. Bredek** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 21, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 14, 1937**, to **March 21, 1937**

I last saw ~~her~~ **her** alive on **March 21, 1937** 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:

**Solar Inflammation** Date of onset **3-14-37**

Other contributory causes of importance: **Bone & Marrow** **3-14-37**

Name of operation **None** Date of  
What test confirmed diagnosis? Was there an autopsy? **No**

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) **Wm. H. ...** M. D.  
(Address) **3802 N. ...**

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.

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