

AUG 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26847

1. PLACE OF DEATH

County *Barber*Township *Russell*City *Macks Creek* (No. *1*)Registration District No. *120*Primary Registration District No. *5172*

File No.

Registered No. *13*

St.

Ward

2. FULL NAME

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

J. B. Burch

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

July - 1 - 1859

7. AGE

YEARS

78

MONTHS

DAYS

12

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Housekeeper

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)

Hickory Co Mo

13. NAME

Burd Calin

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

E. T. Woody Macks Creek Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Forest Grove* DATE *July - 15 - 1937*

19. UNDERTAKER (ADDRESS)

L. Brown Buffalo Mo

20. FILED

July 12 - 1937 D. J. T. Myers

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July - 12 - 1937

I HEREBY CERTIFY That I attended deceased from

Aug 26th 1936 to *July 12th 1937*I last saw her alive on *July 9th 1937*. Death is saidto have occurred on the date stated above, at *8:15 a.m.*

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

Chronic Interstitial Nephritis Date of onset *1932*

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Chronic* 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? *no*

If so, specify

(Signed)

G. J. Myers M. D.(Address) *Macks Creek Mo.*

