

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.

REC'D APR 18 1939

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

10320
Do not use this space.

1. PLACE OF DEATH

(a) County Candeur Registration District No. 117
(b) Township Crocker Primary Registration District No. 5167
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution; write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Twila Mae Burch
(a) Residence, No. Lincoln St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min. 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Candeur Co (STATE OR COUNTRY) 0

FATHER 13. NAME J. M. Burch 0

14. BIRTHPLACE (CITY OR TOWN) no (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Magie Hawks

16. BIRTHPLACE (CITY OR TOWN) no (STATE OR COUNTRY)

17. INFORMANT Mr. Maggie Burch (ADDRESS) Lincoln

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion DATE 4-1 1939

19. FUNERAL DIRECTOR (NAME) Frederick (ADDRESS)

20. FILED Apr 10 1939 Lizzie Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1939 to 4-1 1939

I last saw him alive on 4-1 1939. 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:

Heart malnutrition ✓ Date of onset 39

Other contributory causes of importance:

none

Name of operation none Date of no

What test confirmed diagnosis? Phy Sig 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 no

(Signed) E. C. Clumbone M. D.

112 (Address) Candeur Co no

158

RECEIVED
District Health Officer No. 7,
District File Number 7-39-5-20
Date Filed 4-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

10320
Do not use this space.

1. PLACE OF DEATH

(a) County Cass

Registration District No. 117

(b) Township Page

Primary Registration District No. 5167

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Tulsa Mal Bush

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

10

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

8

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

16

OCCUPATION

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

9. Industry or business in which work
was done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

19

Local Registrar

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

4-1

1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on March 15, 1937, to March 15, 1937. Death is said

to have occurred on the date stated above, at 158-1 m.

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

malnutrition
mother's poor health
child's imperfect
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 1937

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) E. E. Clayborne, M. D.

(Address) Cassington

