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

Do not use this space.

7886

FILED MAR 11 1944

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 249 — File No. 24

0 Township Lincoln — Primary Registration District No. 5846 — Registered No.

City ~~Elmo, (Rural)~~ (No. 1 St. Ward)

2. FULL NAME Harley Burch

(a) Residence, No. R.F.D. Elmo, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. 0 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 0

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 Blanch Burch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12th 1889

7. AGE — YEARS 54 — MONTHS 8 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) February 1944

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Indiana 1

FATHER

13. NAME Fuel Burch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

MOTHER

15. MAIDEN NAME Christena Hatfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

17. INFORMANT (ADDRESS) Mrs Blanch Burch R.F.D. Elmo, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE High Prairie Cem DATE Feb. 15 1944

19. UNDERTAKER (ADDRESS) L. M. Stevenson College Springs Iowa

20. FILED Feb 15 1944 Mrs. W. G. Carpenter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1944

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 30/p m.

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

Date of onset

(Gun shot wound of Head) Cerebral Hemorrhage and Brain Injury.

Other contributory causes of importance: 164

~~Name of operation~~ Aronie's Inquest Date of 2-13-44

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? Suicide Date of injury 2-13, 1944

Where did injury occur? At home, Elmo, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gun shot - 22 rifle

Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. R. Jackson, M. D.

(Address) Maryville, Mo.

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

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.

V. S. N. 100M-11-24-33