

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

Do not use this space.

1045

1. PLACE OF DEATH

County Henry Registration District No. 1-7

Township Calhoun Primary Registration District No. 1-1

City Calhoun (No.) St. Ward

File No.

Registered No.

2. FULL NAME

Nannie 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 62 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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF W. D. Burch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 75 2 8

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Wife (b) General nature of industry, business, or establishment in which employed (or employer) 235 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perry (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Wm Spencer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Martha Wierick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry (STATE OR COUNTRY) Ohio

14. INFORMANT W. D. Burch (Address) Calhoun Mo

15. FILED 1/28, 19 31 Mrs A. A. Gray -REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930 to Jan 4, 1931, and that I last saw her alive on Jan 4, 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Atrophy

(duration) yrs. mos. ds. 9 9 9

CONTRIBUTORY (SECONDARY) Do not know

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. D. Burch, M. D.

, 19 31 (Address) Calhoun Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calhoun Cemetery Jan 7 1931

20. UNDERTAKER ADDRESS

J. H. Houser Calhoun Mo

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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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