

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

Do not use this space.

20633

1. PLACE OF DEATH

95 County Big Genevieve
Township Saline
City _____ (No. _____)

Registration District No. 783
Primary Registration District No. 6029

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Ethel Burch

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Burch</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23 - 1907</u> | | |
| 7. AGE YEARS <u>24</u> | MONTHS <u>9</u> | DAYS <u>3</u> |
| If LESS than day, hrs. or min. <u>2:35</u> | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2:35</u> | | |
| 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) <u>Fort Jones, Calif.</u> | | |
| 13. NAME <u>Clyde E. Seilar</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maudie, Ill.</u> | | |
| 15. MAIDEN NAME <u>Anna Wheeler</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kinard, Ill.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Anna Seilar</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W.O.S. Lee Run</u> DATE <u>6-29-32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Heedant Kead Co. Farmington, Mo.</u> | | |
| 20. FILED <u>6-29-32</u> 19 <u>Mrs. H. N. Vaughn</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:
Accidental drowning
while fishing
11:30 X

Date of onset _____

Other contributory causes of importance: (5)

Name of operation _____ 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) L. C. Barks
(Address) Big Genevieve, 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.

JUN 27 1932

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Genevieve Registration District No. 783
Township Saline Primary Registration District No. 6029
City (No.)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 6/29 1932 Mrs. H. N. Vaughn Registrar

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to, 19...

I last saw him alive on, 19... Death is said

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

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

accidental drowning Date of onset

Bathing, stepped off in deep water, unaware and unable to swim

Other contributory causes of importance:

183

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? accident 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) M. D.

(Address)

S-20633