

WAR 5 1930

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

Do not use this space.

4495

1. PLACE OF DEATH

County Dade
Township 3 Morgan
City Doddsville (No.)

Registration District No. 235
Primary Registration District No. 5-3-20

File No.
Registered No. 1
St. Ward)

2. FULL NAME

D. H. Birch
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Birch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-14-1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 | | 14 | |

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

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

14. INFORMANT Macy Russell
(Address) Doddsville Mo

Feb 28, 1930 Morris Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1930, to Feb. 28, 1930 that I last saw him alive on Feb. 28, 1930 and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
(Arteriosclerosis)
CONTRIBUTORY (SECONDARY) ✓

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. F. Drisdell, M. D.
Doddsville Mo, 19 (Address)

*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 Long Cemetery DATE OF BURIAL March 1st
Will Magee 1930

20. UNDERTAKER Will Magee ADDRESS Doddsville 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.

