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

Do not use this space.

20465

1. PLACE OF DEATH

County Barry — Registration District No. 30 — File No.

Township — Primary Registration District No. 3003 — Registered No.

City Monett (No. ..... St. ..... Ward)

2. FULL NAME Mary Ellen Burch

(a) Residence. No. 110 County Road St., ... Ward. (If nonresident give city or town and State)
(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.

JUL 22 1931

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.

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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1929

7. AGE: Years 2 — Months 5 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Oroville (STATE OR COUNTRY) California

PARENTS
10. NAME OF FATHER Jonathan Claud Burch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carthage (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lavona Summers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monett (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Lavona Burch (Address) Monett Mo

15. FILED 6-23-1931 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1931

I HEREBY CERTIFY, That I attended deceased from June 17th 1931, to June 22, 1931 that I last saw h.i. alive on June 21st 1931, and that death occurred, on the date stated above, at 4:30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum

120A

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 120

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical evidence

(Signed) L. E. Miller, M.D.

, 19 (Address) Monett 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~~ Bethel Cemetery — DATE OF BURIAL 6/23 1931

20. UNDERTAKER Callaway — ADDRESS Monett Mo