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.

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

Do not use this space.

37576

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 913 Admiral Blvd St. 4434 Ward)

2. FULL NAME James Henry Burch
(a) Residence, No. 1713 East 9 St St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Mrs Mable Burch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1863

7. AGE: YEARS 67 — MONTHS 11 — DAYS 28 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Finisher
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) Iowa

FATHER
13. NAME David Burch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Elizabeth Cruswell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mrs Mable Burch 913 Admiral Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Moines Iowa DATE Nov. 5 1931 Ship

19. UNDERTAKER (ADDRESS) Dw Newcomer's Sons K C Mo

20. FILED 11/4 1931 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 1931

22. I HEREBY CERTIFY, That I attended deceased from October 20 1931, to ....., 19....
I last saw him alive on Nov 3 1931. Death is said to have occurred on the date stated above, at 6 40 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhage due to carcinoma of bladder | |
| 51B | |

Other contributory causes of importance:
1356 51B

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? ..... 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? No
If so, specify .....
(Signed) H. M. Hittner, M. D.
(Address) 1115 Grand Ave