JUL 25 1936

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

Do not use this space.

File No. 22690

Registered No.

1. PLACE OF DEATH
County: Howard
Township: Prairie
Registration District No.: 201
Primary Registration District No.: 5 5 5 6
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Matilda 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 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: Blk
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF: Joe Burch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 6 1866

7. AGE: Years 69 | Months 8 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Izia Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Francis Briggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Charley Payne
(ADDRESS): Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Roanoke DATE: 6/7 1936

19. UNDERTAKER: Geo B. Winkelmeyer
(ADDRESS): Salisbury Mo

20. FILED June 5 1936 W. O. Hawkinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1936, to June 4, 1936
I last saw her alive on June 1st, 1936. 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:

	Date of onset
Carcinoma of Stomach	5-3-36

Other contributory causes of importance:

Name of operation: No 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) W. O. Hawkinson M. D.
(Address) Roanoke Mo