

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

Do not use this space.

1. PLACE OF DEATH
 74 County Nodaway. Registration District No. 625
 Township Marville. Primary Registration District No. 3031
 City Marville. (No. St. Frances Hospital) St. _____ Ward _____
 2. FULL NAME John Abner Burch 620
 (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.

File No. 3595
 Registered No. 5

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 Emma Burch
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73. 1. 24.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
 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) Page, Co. Ia.

FATHER 13. NAME Abner Burch

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

MOTHER 15. MAIDEN NAME Stacy Carmichel

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

17. INFORMANT Mrs. John Burch
 (ADDRESS) Clearmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL Clearmont, Mo.
 PLACE Clearmont, Mo. DATE Jan. 19, 1938

19. UNDERTAKER Price Funeral Home
 (ADDRESS) Marville, Mo.

20. FILED 1-18 1938 Mamie E. Clardy
 Registry 556

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to Jan. 16, 1938.
 I first saw him live on Jan. 16, 1938. Death is said to have occurred on the date stated above, at 10 p.
 The principal cause of death and related causes of importance were as follows:

Acute
Chronic Nephritis
Granulomatous
 Date of onset

Other contributory causes of importance: 131

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? NO
 If so, specify _____
 (Signed) B. E. Ryland, M. D.
 (Address) St. Louis, Mo.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH**