

Watkins

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

Do not use this space.

37194

1. PLACE OF DEATH

County St. Louis  
Township Pendleton  
City (No.)

Registration District No. 773  
Primary Registration District No. 6023

File No. ....  
Registered No. 156  
St. .... Ward)

2. FULL NAME

E. Perry 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 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 Mund Burch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 11- 22

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) Ohio  
(STATE OR COUNTRY)

10. NAME OF FATHER James Wesley Burch

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

12. MAIDEN NAME OF MOTHER Elizabeth Grim

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

14. INFORMANT Mrs. Emma Burch  
(Address) Rt. #6, Farmington, Mo.

15. FILED 11-17, 1930 J. J. Robinson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1929 to Nov 15 1930 that I last saw him alive on Nov 13, 1930 and that death occurred, on the date stated above, at 8:20 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Endocarditis  
92A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. L. Watkins M. D.

11-17, 1930 (Address) Farmington 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 DATE OF BURIAL

007 Doe Run 11/17 1930

20. UNDERTAKER ADDRESS

Needles Wood Co Farmington

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.

