8-12-18
8-3-10
-8
28-3-10
68-12-18
59-2-~~20~~ 12

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

690

Do not use this space.

10153

1. PLACE OF DEATH
County Pike
Township Hartford
City New Hartford (No. New Hartford St. Ward)
Registration District No. 684
Primary Registration District No. 5918
File No.
Registered No. 11

2. FULL NAME Phillip Patrick Burton
(a) Residence. No. New Hartford St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 9 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: Zillah Hobis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-18-1868

7. AGE: Years 59 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Little Rock Ark

PARENTS
10. NAME OF FATHER: Phil Patrick Burton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ✓
12. MAIDEN NAME OF MOTHER: Robins (?)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ✓

14. INFORMANT: Robt L Burton
(Address) 3636 Minn. Ave St Louis Mo

15. FILED 3/10, 1928 P P Burton REGISTRAR
by F C Haley Jr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/10 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/1, 1928, to 3/10, 1928, that I last saw him alive on 3/9, 1928, and that death occurred, on the date stated above, at 12.25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Pneumococcus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 101
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? (Clinical)

(Signed) Ray J Gay, M.D.
3/10, 1928 (Address) Bowling Green 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: Riverview Louisiana Mo
DATE OF BURIAL: 3/11 1928

20. UNDERTAKER: F C Haley Jr
ADDRESS: Louisiana Mo

N. B.—Every information should be carefully supplied. AGE should be stated EXACTLY
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC