

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

Do not use this space.

15436

15168

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. St. Louis Children's Hospital)

File No.....

Registered No.....

4370

St. Ward)

2. FULL NAME

anna Burton

(a) Residence. No..... St.,

12 Ward. Ottawa Station Mo.

(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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED L
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-14

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
14 13

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Burton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Liza Bledsoe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles Missouri
(STATE OR COUNTRY)

14. INFORMANT L. Koetting
(Address) 5008 S. Kingshighway

15. FILED JPR 23 1928 W. C. Starkey
19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21-1928

17. I HEREBY CERTIFY, That I attended deceased from 4-21, 1928, to 4-21, 1928, that I last saw her alive on 4-21, 1928, and that death occurred, on the date stated above, at 4:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis, generalized, non-traumatic, non-tuberculous
127 (duration) yrs. mos. 28 da.

CONTRIBUTORY (SECONDARY) Appendicitis
(duration) yrs. mos. 23 da.

18. WHERE WAS DISEASE CONTRACTED 117B
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Russell C. Bond M. D.
4-21-1928 (Address) St. L. Children's Hosp.

*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 Antioch cemetery Monarch Mo. DATE OF BURIAL Apr. 23-1928

20. UNDERTAKER Wm Schroeder & Son ADDRESS Bellvue, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

