

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

Do not use this space.

16306

**1. PLACE OF DEATH**

County Buchanan Registration District No. 86 File No. 26  
 Township Washington Primary Registration District No. 5427 Registered No. 26  
 City St. Joseph (No. Buchanan County T. Infirmaries Ward)

**2. FULL NAME**

Asa Burton  
 (a) Residence. No. County Infirmaries 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Sherwood Burton  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1851  
 7. AGE YEARS MONTHS DAYS II-LESS than I day, hrs. or min. 76 10 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Louisville  
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Edward Burton

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

12. MAIDEN NAME OF MOTHER Mary Duncan

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

14. INFORMANT Elizabeth Stallworth  
 (Address) Stanton Mo.

15. May 28 1928 REGISTRAR J. J. Causler

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2nd 1928  
 17. I HEREBY CERTIFY That I started deceased from April 28 1928 to May 2nd 1928 that I last saw him alive on April 30th 1928, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
131  
97 Arterio Sclerosis  
 (duration) 19 yrs. mos. ds.  
 CONTRIBUTORY Chronic Nephritis  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 127 W  
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH... no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) A. C. Stolley  
 52, 1928 (Address) 822 Edmond St. Joseph 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 St. Pleasant Cemetery DATE OF BURIAL May 28 1928

20. UNDERTAKER E. W. Sidenfaden ADDRESS 602 So. 10th

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.

WHILE FILING WITH EMPLOYING INSTITUTIONS IS A PERMANENT RECORD

