

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

Do not use this space.

16345

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 5131
 City Poplar Bluff (No.) St. Ward

2. FULL NAME Theta May Burton
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 1 3

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1928
 17. ✓ I HEREBY CERTIFY That I attended deceased from May 28 1928, to May 3 1928 that I last saw him alive on Apr 25 1928, and that death occurred, on the date stated above, at 4:25 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
157
157 Insanitation
 (duration) yrs. mos. da. 1

CONTRIBUTORY (SECONDARY) Premature Birth - 7 Months
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 161 W
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Greestorwell M. D.
 5/15, 1928 (Address) Poplar Bluff 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.

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Levi Burton

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

12. MAIDEN NAME OF MOTHER Ellie Turner

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

14. INFORMANT Levi Burton
 (Address) Poplar Bluff

15. FILED 5/19 28 Dr. B. J. Camp REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn DATE OF BURIAL April 4 1928
 20. UNDERTAKER Chas. Frank Matthe ADDRESS Poplar Bluff Mo.

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.

Lawless 1928

