

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

Do not use this space.

32901

**1. PLACE OF DEATH**

County Callaway Registration District No. 104 File No. ....  
 Township ..... Primary Registration District No. 3008 Registered No. 186  
 City Fulton (No. .... St. .... Ward)

**2. FULL NAME**

T. J. Burton Napton  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If no resident 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs T. J. Burton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 — — —

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) Dont know  
 (STATE OR COUNTRY)

**PARENTS**  
 10. NAME OF FATHER Dont know  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know  
 (STATE OR COUNTRY) .....  
 12. MAIDEN NAME OF MOTHER Dont know  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know  
 (STATE OR COUNTRY)

14. INFORMANT Medical Certificate  
 (Address)

15. FILED Oct 13, 28 R. N. Creed  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1928  
 17. I HEREBY CERTIFY, That I attended deceased from Sept 8 to Oct 12, 1928  
 that I last saw him alive on Oct 12, 1928, and that death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Myocarditis  
Senility  
 CONTRIBUTORY (SECONDARY) Senility

18. WHERE WAS DISEASE CONTRACTED Dont know  
 IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings  
 (Signed) C. E. Tarpal M.D.  
 , 19 (Address) State Hospital

\*State the DISEASE CAUSING DEATH, or a death from VICARIOUS CAUSE, and (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL State DATE OF BURIAL 28  
 20. UNDERTAKER Funerary ADDRESS Sutton

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.

1928

