

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.

JAN 22 1929

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

Do not use this space.

39768

1. PLACE OF DEATH
 County Carroll Registration District No. 138
 Township _____ Primary Registration District No. 4078
 City Norborne Mo (No. _____) St. _____ Ward _____

2. FULL NAME Bess St Burton
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. 45

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 OR (OR) WIFE OF Maryann Burton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 28

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

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928

17. I HEREBY CERTIFY That I attended deceased from 12-10 1928, to 12-12 1928, and that I last saw him alive on 12-12 1928, and that death occurred, on the date stated above, at 5-30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Pneumonia
11A
107A (duration) yrs. mos. 2 da.
 CONTRIBUTORY (SECONDARY) signifying (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY: _____
 WHAT TEST CONFIRMED DIAGNOSIS:
 (Signed) B. C. Cole, M. D.
 Dec. 13, 1928 (Address) Norborne 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) Higbee
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Burton

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

12. MAIDEN NAME OF MOTHER Mary Brooks

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

14. INFORMANT Mrs. T. B. Adams
 (Address) Norborne Mo

15. FILED Dec. 14, 1928 E. H. [Signature] REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Barthaven DATE OF BURIAL Dec 14 1928

20. UNDERTAKER M. J. Stone ADDRESS Norborne

