

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

Do not use this space.

15141

1. PLACE OF DEATH

County Jefferson Registration District No. 421
 Township Washington Primary Registration District No. 5575-
 City Herculaneum Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Wood Patrick Burton

(a) Residence, No. Herculaneum Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 13-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 6 21

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

9. BIRTHPLACE (CITY OR TOWN) Harrisonburg Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER W M Burton

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

12. MAIDEN NAME OF MOTHER Mattie Houshner

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

14. INFORMANT Mrs Beck Burton
 (Address) Herculaneum Mo.

15. FILED 4/18/29 J. C. Tutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1929

17. I HEREBY CERTIFY, That I attended deceased from April 17, 1929, to April 17, 1929, that I last saw him alive on April 17, 1929, and that death occurred, on the date stated above, at 9.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Burn involving more than two thirds entire body.
Infection of wound.
1330 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Sunshine explosion
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
 NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Element
 (Signed) O. E. Stewart M. D.

, 19 1929 (Address) Crystal City 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 Higbee Mo. DATE OF BURIAL April 19 1929

20. UNDERTAKER Wheeler & Vinyard ADDRESS Leola 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 very important.

27 1929

