

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

Do not use this space.

43193

1. PLACE OF DEATH

County Stone
Township Sturley
City Sturley

Registration District No. 846
Primary Registration District No. 6283

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-10-29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Walter D. Burton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Helen Livingston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT W.D. Burton
(Address) Brown's Springs, A. 1 Mo
15. FILED 12-6-1929 H. A. Quimble
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/4-1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1929, to Dec 3, 1929, that I last saw him alive on Dec 3, 1929, and that death occurred, on the date stated above, at 8 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Convulsions following
arteriosclerotic Rheumatism (acute)
51 F (duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds. 51 W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) E. G. Wade, M. D.

, 19 (Address) Clemer 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 DATE OF BURIAL

Wrights Chap. 12/5-1929
20. UNDERTAKER ADDRESS
A. C. Wallace Billings Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

