

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

Do not use this space.

8209

**1. PLACE OF DEATH**

County Llano Registration District No. 954  
Township Benton Primary Registration District No. 4154  
City Pattonburg (No. .... St. .... Ward)

File No. ....  
Registered No. 5

**2. FULL NAME**

Thomas Garrett 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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 - 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>56</u>	<u>4</u>	<u>10</u>	

**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.....

9. BIRTHPLACE (CITY OR TOWN) Le Halb Co Mo.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Willis Burton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Liddie Bleering</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown.</u>

14. INFORMANT (Address) .....

15. FILED Mar 2 1930 J. B. Parker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 19 Feb 1 1930 to Mar 2 1930 that I last saw him alive on Mar 1 1930, and that death occurred, on the date stated above, at 5:30 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Acute dilatation of heart

CONTRIBUTORY Acute Salivary Gland Inflammation (SECONDARY) (duration) yrs. mos. ds.

**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) James Hedges, M. D.

3/3 1930 (Address) Pattonburg

\*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 Muddy Cemetery DATE OF BURIAL 3/5 1930

20. UNDERTAKER C. S. Brower Pattonburg Mo ADDRESS

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.

APR 28 1930

