

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

Do not use this space.

21907

1. PLACE OF DEATH

County Frank

Registration District No. 73

Township _____

Primary Registration District No. 3.006

City Columbia (No. _____)

File No. _____

Registered No. 136

St. _____ Ward)

2. FULL NAME

Bettie Gene Burton

(a) Residence. Proyer Hospital 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

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

—

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 23 - 1927

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. | or min. |
|-------|--------|------|--------------------------|---------|
| 3 | 4 | 11 | | |

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)

Sennett Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

J. B. Burton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Siggatt

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Kate Beckebury

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sennett Mo.

(STATE OR COUNTRY)

14. INFORMANT

J. B. Burton
Sennett Mo.

(Address)

15. FILED

7/5/30 Beatrice Grubbe
723 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 4 1930

I HEREBY CERTIFY, That I attended deceased from Jan 15 1927, to July 4 1930 that I last saw her alive on 7/4 July 4 1930, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Meningitis

(duration) _____ yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY)

T.B. of spine
(duration) 1 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? yes.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. S. Galloway M. D.

7/5/30 (Address) Columbia 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

Sennett Cemetery July 6 1930

20. UNDERTAKER

ADDRESS

B. J. Baker Columbia

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.

AUG 26 1930

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

