

MAR 25 1931

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

Do not use this space.

6276

1. PLACE OF DEATH

6-1 County Macon
Township Eagle
City..... (No..... St..... Ward)

Registration District No. 599
Primary Registration District No. 3714

File No.....
Registered No. 16

2. FULL NAME

James W. Burton
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 2 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1
(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)

Missouri

10. NAME OF FATHER

Lewis Burton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Randolph Co Mo

12. MAIDEN NAME OF MOTHER

Hester Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14. INFORMANT

(Address)

Mrs Jas W Burloy
OR Macon

15. FILED

3/31 1931Mrs Luke Hunkle
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1931

17. I HEREBY CERTIFY, That I attended deceased Post
3 yrs. 19 mo. 19 ds.
that I was alive on..... 19....., and that
death occurred, on the date stated above, at..... 8 a..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis 131
Chronic nephritis 162
(duration) 3 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Essential Elixes
(duration) 3 yrs. 0 mos. 0 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 CONFIRMS DIAGNOSIS.....

(Signed) A. M. Ransom M. D..1931 (Address) Macon 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

OakwoodFeb 22 1931

20. UNDERTAKER

ADDRESS

Albert SkinnerMacon

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.

