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

Do not use this space.

'85

20621

File No. 636

Registered No.

Registration District No. 1001

Primary Registration District No.

11 5 9

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph (No. 2628 Mary Street St. Ward)

JUL 22 1931

2. FULL NAME Isabelle Burlington

(a) Residence, No. 2628 Mary street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 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) August 17, 1837

7. AGE: Years 53 93 | Months 9 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millener 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manfg. Ladies Hats

10. Date deceased last worked at this occupation (month and year) Jan. 1931

11. Total time (years) spent in this occupation 25yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barrhead Scotland

FATHER

13. NAME Daniel Burlington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Catherine Good

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Scotland

17. INFORMANT John Burlington
(ADDRESS) 2628 Mary St.-St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Hora Cemetery
PLACE St. Joseph Mo. DATE June 18, 1931

19. UNDERTAKER W. C. Sidenfaden
(ADDRESS) 1802 Union st. St. Joseph Mo.

20. FILED 6-17-1931 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to June 16, 1931.
I last saw h. or alive on June 15, 1931. Death is said to have occurred on the date stated above, at 8:05A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Right Breast: Removed by radical operation Jan 9/31	

Other contributory causes of importance: 50

Name of operation Halstead Date of Jan 9/31
What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) F. Thompson, M. D.
(Address) 825 Charles

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.

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