

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

Do not use this space.

33117

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City ST. LOUIS, MO. (No. CITY HOSP No. 2) St. Ward)

File No.
 Registered No. 10014
 St. Ward)

2. FULL NAME RICHARD BURTON

(a) Residence, No. 1232 N 9TH St. 25 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 20 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 MALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LABORER
 10. Date deceased last worked at this occupation (month and year) UNKNOWN 11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. J.

FATHER 13. NAME CURRY BURTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

MOTHER 15. MAIDEN NAME MISSOURI JACKSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.

17. INFORMANT A. G. CREATH (ADDRESS) CITY HOSPITAL #2

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis Ill. DATE 9/27 1931

19. UNDERTAKER R. M. C. Green (ADDRESS) 3511 Daalder Ave

20. FILED SEP 26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-30-1931, to 9-19-1931.

I last saw h.i.m. alive on 9-19-1931. Death is said to have occurred on the date stated above, at CITY HOSP.

The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>C.H. MYOCARDITIS (LUETIC)</u>	<u>5 YRS.</u>
<u>C.H. NEPHRITIS</u>	<u>5 YRS.</u>
<u>CHRONIC ARTHRITIS (LUETIC)</u>	<u>5 YRS.</u>
Other contributory causes of importance: <u>CH. LUES.</u> <u>ARTERIOSCLEROSIS</u>	

Name of operation..... Date of.....

What test confirmed diagnosis? X-RAY-LAB. 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?.....

If so, specify (Signed) C. Smith, M. D.
 (Address) CITY HOSP. #2

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

