

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.

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

Do not use this space.

34217-1

34217-A

1. PLACE OF DEATH

County Greene
Township Saylor
City (No. _____) _____

Registration District No. 944
Primary Registration District No. 5438

File No. 41
Registered No. 41
St. _____ Ward _____

2. FULL NAME

Olara A. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel W. Burton

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 81 11 7

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME Ross Compton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT P. N. Burton (ADDRESS) Seabrook Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove C. DATE Oct 26 1932

19. UNDERTAKER Rogersville Trust Co (ADDRESS) Rogersville Mo

20. FILED Jan 26 1932 A. B. Grier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw her alive on Oct 8 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Senility -
My knowledge of death and
tural is based up Burial permit
and investigation made 4/4/32

Other contributory causes of importance:

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Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. W. Williams Jr M. D.
Health Officer
Greene County
(Address) _____

