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

Do not use this space.

7092

1. PLACE OF DEATH
County Carroll — Registration District No. 138 — File No. 42
Township — Primary Registration District No. 4078 — Registered No.
City Norborne (No. ..... St. ..... Ward)

2. FULL NAME Speed Burton
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

JAN 19 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 - 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	0	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hibby
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Joseph W. Burton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Ophia Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Robert Burton
(Address) Norborne, Mo.

15. FILED Nov 2, 1931 E. H. Mason M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-1 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1931, to 11-1-, 1931 that I last saw him alive on 11-1-, 1931, and that death occurred, on the date stated above, at 11-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paresis
83 83
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Dont Known
(duration) yrs. mos. ds.

WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. C. Cole, M. D.
Nov 2, 1931 (Address) Norborne 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
Fairhaven Cem	Nov 3 1931

20. UNDERTAKER	ADDRESS
W. T. Stroud	Norborne Mo