

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

Do not use this space
9039
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1. PLACE OF DEATH

54
6
4

County Lafayette
Township Washington
City Washington (No. _____)

Registration District No. 461
Primary Registration District No. 3024

File No. 29
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1944

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Lafayette Co, MO

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, MO

15. MAIDEN NAME Martha Lantz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, MO

17. INFORMANT (ADDRESS) Mrs. Jane Redd, Washington, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, MO DATE Mar 20, 1932

19. UNDERTAKER (ADDRESS) Edmund Peggs, MO

20. FILED Mar 19, 1932 J. W. Hindendall Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1932 to March 17, 1932
I last saw him alive on March 7, 1932 Death is said to have occurred on the date stated above, at 3:15 p. m.
The principal cause of death and related causes of importance were as follows:

Endocarditis, Date of onset 3-2-32
928
97 930 ①
Other contributory causes of importance: Arteriosclerosis - 1920

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J. D. Ball, M. D.
(Address) Lafayette, MO

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.

APR 27 1932

