

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

Do not use this space.

12330

File No. *12330-59*

1. PLACE OF DEATH *Harrison*
 41) County.....*Jefferson* Registration District No. *334*
 Township..... Primary Registration District No. *5467*
 City..... (No.) St. Ward.....

2. FULL NAME *David Macy 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 *m* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
 (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-26-1884*

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer!*
 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

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Harrison Co. Mo.*
 13. NAME *Frances Marion Burton*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wisconsin*
 15. MAIDEN NAME *Mary Magdame Litch*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Harrison Co. Missouri*

FATHER
 17. INFORMANT (ADDRESS) *John Burton Bethany Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Oakland* DATE *4-29-1932*
 19. UNDERTAKER (ADDRESS) *Smith & Co. Bethany Mo.*
 20. FILED *4/29-1932* *W. H. Haines* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-28-1932*

22. I HEREBY CERTIFY. That I attended deceased from *April 25-1932* to *April 28-1932*
 I last saw him alive on *April 20-1932* 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:
Acute Hepatitis
Following a bad cold
 Date of onset *4/15/32*

Other contributory causes of importance:
110
130
113
 (3)

Name of operation Date of
 What test confirmed diagnosis? *Microscopic* Was there an autopsy? *Y*

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? *Y*
 If so, specify
 (Signed) *W. H. Haines*, M. D.
 (Address) *Bethany 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.

47-10-2 MAY 25 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township Jefferson Primary Registration District No. 5467
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 659

2. FULL NAME

David Macy 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/26-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
47 10 2 X

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. _____

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 _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 5/10 1932 M. H. Hanel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28 1932

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

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

_____ Date of onset _____

Other contributory causes of importance: _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

5-12309