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

Do not use this space.

19844

1. PLACE OF DEATH
49 County Jasper — Registration District No. 408 — File No.
5 Township — Primary Registration District No. 3020 — Registered No.
7 City Carthage (No. McCune Brooks Hospital St. Ward)

2. FULL NAME Mary Maxine Burton.
(a) Residence. No. St., Ward. Jasper Mo R.R. 1
(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.

JUL 23 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 28th 1921
7. AGE: Years 10 — Months 10 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Kans. 2

PARENTS
10. NAME OF FATHER: Charlie S. Burton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Odessa, Mo. 1
12. MAIDEN NAME OF MOTHER: Nina Belle Lee.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa. 2

14. INFORMANT (Address): Charlie S. Burton, Jasper, Mo. R.1.
15. FILED 6/12 1932 E H Kitchen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12th 1932
17. I HEREBY CERTIFY, That I attended deceased from June 8, 1932, to June 12, 1932, that I last saw her alive on June 12, 1932, and that death occurred, on the date stated above, at 12 15 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcic Septicaemia
108 / 36 108 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY): Bilateral Pneumonia
(duration) yrs. mos. 5 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Jasper Mo. R#1
0 DID AN OPERATION PRECEDE DEATH? M DATE OF 0
WAS THERE AN AUTOPSY? M
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory
(Signed) Lloyd B Clinton, M. D
6/12, 1932 (Address) Carthage 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: Mitchell Cemetery — DATE OF BURIAL: 6/13th 1932.
20. UNDERTAKER: Teeter Bros — ADDRESS: Jasper Mo