WHITE PLANTLY, 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.

OCT 30 1932

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

Do not use this space.

31118

1. PLACE OF DEATH 97
County Saline — Registration District No. 799 — File No.
Township Clay — Primary Registration District No. 6043 — Registered No. 37
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Marion 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 18-1872
7. AGE: YEARS 60 — MONTHS 6 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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): Howard Co. Mo

FATHER
13. NAME: Marion Burton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

MOTHER
15. MAIDEN NAME: Maria Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs O E Purvis Napton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Concord DATE: 9-8-32
19. UNDERTAKER (ADDRESS): Jones & Salser Sedalia Mo
20. FILED: Oct 7, 1932 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept-6-32
22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932, to Sept 6, 1932
I last saw him alive on Aug 26 1932. Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Interstitial Nephritis — Date of onset
930
130 ① 930
Other contributory causes of importance: myocarditis
Name of operation: None — Date of —
What test confirmed diagnosis? Clinical — Was there an autopsy? No
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? No
If so, specify —
(Signed) M. S. McGuire, M. D.
(Address) Boonville Mo.