WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

31282

1. PLACE OF DEATH
112 County Webster — Registration District No. 896 — File No.
Township Ozark — Primary Registration District No. 6198 — Registered No. 34
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James E. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19, 1869

7. AGE: YEARS 63 — MONTHS 3 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: County Farm
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): Dallas Co. Mo

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

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

17. INFORMANT (ADDRESS): Lowell B. Burton

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Sep. 7 1932

19. UNDERTAKER (ADDRESS): W. T. McMahan, Marshfield Mo

20. FILED ....., 19..... J. R. Breece, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sep. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932 to Sept 6, 1932
I last saw him alive on Sept 4, 1932. Death is said to have occurred on the date stated above, at 2-30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
87A	

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) E. M. Bailey, M. D.
(Address) Ellsworth Mo