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.

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

Do not use this space.

File No. 41620
Registered No. 10668

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City X St. Louis, Mo (No. 3226 Hickory St. ..... Ward)

2. FULL NAME George Wachina Burton

(a) Residence, No. 3226 Hickory St., 18 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: 90 Years | MONTHS: Unknown | DAYS: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brick yard
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa. 2

FATHER
13. NAME: Matter Burton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Chester pa.

17. INFORMANT (ADDRESS): 3 Mattie Burton 3226 Hickory

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: 12-4-1932

19. UNDERTAKER (ADDRESS): 4209 W. Easton ave. N. C. Boyd Undertaking Co.

20. FILED: DEC 2 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec/I, 1932

22. I HEREBY CERTIFY, That I attended deceased from July/IO, 1932, to Dec/I/, 1932
I last saw him alive on Dec/I/32, 19..... Death is said to have occurred on the date stated above, at 7-IOA m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4days
108	
131	
108 ①	
Other contributory causes of importance: Chronic Interstitial Nephritis	2years

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? no
If so, specify .....
(Signed) W. J. Moore, M. D.
(Address) 1336 Franklin St. Louis Mo