

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

Do not use this space.

3808

1. PLACE OF DEATH

County _____ Registration District No. 701 File No. _____
 Township _____ Primary Registration District No. 5953 Registered No. L 766
 City St. Louis (No. X) Deaconess Hospital St. _____ Ward _____

2. FULL NAME

Alice Gillespie Burton
 (a) Residence, No. 318 S Woodland 4 Ward. Kirkwood
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. _____ mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF William J Burton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 20 - 1869

7. AGE YEARS 63 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Waverly (STATE OR COUNTRY) Missouri

MOTHER FATHER 13: NAME Thomas Gillespie

14. BIRTHPLACE (CITY OR TOWN) Irma (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Irene Carlton

16. BIRTHPLACE (CITY OR TOWN) Marion, Society Co (STATE OR COUNTRY) Illinois

17. INFORMANT W. Burton (ADDRESS) 318 S Woodland Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Jan 21 1933

19. UNDERTAKER Parker and Co (ADDRESS) Webster

20. FILED Jan 21 1933 May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 19 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 19, 1933
 Last saw her alive on Jan 19, 1933. Death is said to have occurred on the date stated above, at 7:10 P.m.
 The principal cause of death and related causes of importance were as follows:

acute interstitial nephritis cause unknown Date of onset 12-1-32
urbenema 1-8-33
mitral insufficiency
mys. Carditis acute
 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? No
 If so, specify _____

(Signed) William Davis Hawker, M. D.
 (Address) 1506 Hodiamont

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.

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

Thomas Gilroy
Fermanagh County
Ireland

Millstact, Ill - at Fairmont.