WRITE PLAINLY, 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.

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

Do not use this space.

11861

File No. 11861

Registered No. 2978

1. PLACE OF DEATH

County ..... Registration District No. 78 (Corr.)

Township ..... Primary Registration District No. 2

City St Louis Mo (No. City Hospital 2 St. ..... Ward)

2. FULL NAME Baby Burton #1

(a) Residence, No. 23 3 S. Bremont St., 22 Ward.
(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-33

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

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) St Louis Mo

FATHER

13. NAME Isaac Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER

15. MAIDEN NAME Margaret Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S C

17. INFORMANT A. Gertrude Crutch
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 3-30-1933

19. UNDERTAKER Roy Aston Sr.
(ADDRESS) 1025 Franklin

20. FILED MAR 29 1933 Mary C. Hardin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-27-1933, to 3-12-1933

I last saw him alive on 3-12-1933. Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
159	
Premature	

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....

(Signed) C. Smith, M. D.
(Address) City Hospital #2