MAY 22 1933

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

Do not use this space.

12241

13

1. PLACE OF DEATH

2 County Andrew, Registration District No. File No. 21

Township Primary Registration District No. 4070 Registered No.

5 City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2 2. FULL NAME Emma Virginia Burton,

(a) Residence. No. St., Ward. Amsterdan, Missouri,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day hrs. or min.
	79	0	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping,

(b) General nature of industry, business, or establishment in which employed (or employer) At Home,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Campbell,
(STATE OR COUNTRY) Virginia,

PARENTS

10. NAME OF FATHER Willis Turpin.

2 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,

12. MAIDEN NAME OF MOTHER Mary Fletcher Moorman

2 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,

14. INFORMANT James A. Burton
(Address) Amsterdam, Missouri,

15. FILED Apr 18 1933 C O Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1933

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1933, to April 16, 1933, that I last saw her alive on April 16, 1933, and that death occurred, on the date stated above, at 11:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

97

82 a

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis + High blood Pressure (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Dont Know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) S. E. Mitchell, M. D.

4/16, 1933 (Address) Savannah Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington Cemetery, Kansas City, Mo.

DATE OF BURIAL April 19 1933

20. UNDERTAKER Frank A. Bowman

ADDRESS St. Joseph, Mo.

Savannah, Mo.

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.

V. S. No. 2.