

MAY 25 1934

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

Do not use this space.

9267-8

1488

1. PLACE OF DEATH

County Jackson

Registration District No. ....

Township Law

Primary Registration District No. ....

City Manassas City (No. 1331)

Brooklyn

File No. ....

Registered No. ....

St. .... Ward) ....

2. FULL NAME

(a) Residence, No. 1331 Brooklyn 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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 3 24

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

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) (STATE OR COUNTRY) Blue Springs Mo

13. NAME Samuel Burton

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

15. MAIDEN NAME Mary Black

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Lucy Burton, sister (ADDRESS) 1331 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 4/2 1934

19. UNDERTAKER Hathkins Bros. (ADDRESS) 1729 Lydia

20. FILED 4-2 1934 Lydia Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30 1934

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1934 to March 30, 1934

I last saw him alive on March 30, 1934. Death is said to have occurred on the date stated above, at 130 a m.

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

Lobar pneumonia  
100  
108  
Other contributory causes of importance: 8

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phys Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1934

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 L. W. Bostick, M. D.  
(Signed) L. W. Bostick  
(Address) 2028 VINE ST.

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.

