

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.

24 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033-B
 City Wellston (No. 1540, Wellston Pl.) St. _____ Ward _____

File No. 10303
 Registered No. 61

2. FULL NAME

Charles E. Burton
 (a) Residence, No. 1540 Wellston Pl. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace M. Burton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1885
 7. AGE YEARS 48 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
 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) Lincoln County, Missouri

13. NAME James Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Tracy Jane Hunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Rose M. Burton (ADDRESS) 1540 Wellston Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE March 7, 1934

19. UNDERTAKER J. L. Pleitch Inc. (ADDRESS) 5966 Eastern Ave.

20. FILED 3-6-34 W. A. Baechner Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Suicide: Shot self thru left chest with 12 gauge shot gun. Went into bath room, locked door, sat on commode, put butt of shot gun into bath tub and pushed the trigger with yard stick, holding muzzle of gun tightly against chest just below left nipple. Immediately fell on face, partially into the bath tub. This man had been ill Date of onset _____

Name of operation _____ What test confirmed diagnosis? Coroner's Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 3/4/34, 1934

Where did injury occur? 1540 Wellston Pl. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury gun shot

Nature of injury shot self

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John B. Finson, M.D.

(Address) 3718 Jennings St.

from history for more than a year, from a
mental and nervous break-down but under the
care of two or three different physicians
and also a patient at the St. Louis County Hospital.
Sec: Gun shot wound, thru chest with 12 gauge
shot gun.