

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.

SEP 25 1934

29050

1. PLACE OF DEATH

County HENRY
Township Honey Creek
City Starve-y (No.)

Registration District No. 347
Primary Registration District No. 5491

File No.
Registered No. 112 St. Ward)

2. FULL NAME

(a) Residence, No. Columbus Fairway Burton
(Usual place of abode) Clinton Mo R203 Ward,

Length of residence in city or town where death occurred 25 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 11

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stiles Iowa

13. NAME Columbus Ripley Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stiles Iowa

15. MAIDEN NAME Anna Dabney Trister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stiles Iowa

17. INFORMANT Mrs Hugh Burton (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery 9-21-34

19. UNDERTAKER (ADDRESS) Fred Westerson Clinton Mo

20. FILED 8-21 1934 J R Haughton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-34

22. I HEREBY CERTIFY, That I attended deceased from Nov 1932, to 8-19 1934
I last saw him alive on 8-17 1934. Death is said to have occurred on the date stated above, at 2:25 PM.

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

Cancer of left eye & face Date of onset 14-20-52
50

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?

If so, specify

(Signed) J R Haughton, M. D.
(Address) Clinton Mo

Main body of the document containing several paragraphs of text. The text is extremely faint and largely illegible due to low contrast and scan quality. Some words are barely discernible, such as "THE" and "AND".



#2 *Henry*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.
112

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Columbus Fairfax Benton
Who died at _____ on 8-19-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex Male Color or race White Single, ~~married~~, widowed or ~~divorced~~: _____

Date of birth _____ Age: Years 72 Months 5 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 2 Year 5

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Carcinoma of left eye & face - on left cheek about 1/2 in below eye.

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar J R Hampton) Date filed 8-21-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.
Very truly yours,
Reg. Dist. No. 547
Primary Reg. Dist. No. 5491
E. T. McLaugh, M.D.
Special Agent.

