

22201

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

Do not use this space.

OCT 15 1934

1. PLACE OF DEATH

County Murphy

Registration District No. 556

Township Prescott

Primary Registration District No. 4878

City Prescott (No.)

File No. 36685

Registered No. 43

St. Ward

2. FULL NAME

Edna Gertrude Burton

(a) Residence, No.

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

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

May 9 1903

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

21

4

24

OCCUPATION

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

Washing and ironing

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

Housework

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)

Medicine Trip
Missouri

FATHER

13. NAME

John Burton

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

Beaumont
Missouri

MOTHER

15. MAIDEN NAME

Nellie Galt

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

Beaumont
Missouri

17. INFORMANT (ADDRESS)

John Burton
Beaumont

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harmon Cemetery DATE Oct 4 1934

19. UNDERTAKER (ADDRESS)

Martha Ferguson
Beaumont

20. FILED

10-3 1934 J M Perry
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 2 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 20 1934 to Oct 2 1934

I last saw her alive on Oct 2 1934 Death is said

to have occurred on the date stated above, at 7:45 p.m.

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

Lotar Pneumonia
fever (double)
108

Date of onset

7/18/34

Other contributory causes of importance:

Name of operation no

Date of

What test confirmed diagnosis?

Physic 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? no

If so, specify

(Signed)

M. D.

10-3 1934 J M Perry
Registrar

