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

APR 1 1935

Do not use this space.

File No. 4880

Registered No.

1. PLACE OF DEATH
County Douglas Registration District No. 974
Township Sparking Creek Primary Registration District No. 5382
City or Town Ava Rt 4 (No. , St. Ward)

2. FULL NAME Jessie Monroe Burton
(a) Residence No. Spencer Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 2 mos. 18 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	2	18	

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

FATHER
13. NAME J. C. Burton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co.

MOTHER
15. MAIDEN NAME Lillie Mae Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co

17. INFORMANT (ADDRESS) J C Burton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fry Cemetery DATE 2-4 1935

19. UNDERTAKER (ADDRESS) People

20. FILED April 8, 1935 Dora Mendel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th, 1935 to Feb 1st, 1935
Last saw h alive on Feb 1st, 1935. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Pneumonia & Bronchial following Flue — Date of onset

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 C Eggles, M. D.
(Address) Ponce Mo