

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

Do not use this space.

MAR 20 1935

5367

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township ~~Kan~~ Primary Registration District No. 1002
 City Kansas City, Mo. (No. 100 North Mersington) St. _____ Ward) _____

2. FULL NAME Mrs. Carrie F. Burton

(a) Residence, No. 100 North Mersington 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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry A. Burton				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1862				
7. AGE	YEARS 72	MONTHS 10	DAYS 23	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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) Indiana				
FATHER	13. NAME Thomas Moore			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Indiana			
MOTHER	15. MAIDEN NAME America Tildery			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Indiana			
17. INFORMANT Henry A. Burton (ADDRESS) 100 N. Mersington, K.C. Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchell, Ind. DATE Feb. 14-35				
19. UNDERTAKER C. H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.				
20. FILED 7 12 19 35 M. M. Brown Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 11- 1935**

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 to July 11, 1935
 I last saw her alive on June 16 1935 Death is said to have occurred on the date stated above, at 2:15 PM m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 1932
 Other contributory causes of importance
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Analysis 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) Alan S. Pruing, M. D.
 (Address) 607 Argyle Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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