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.

MAR 28 1935

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

Do not use this space.

6770

File No.

Registered No. 63

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 790

Township — Primary Registration District No. 6039

City: Elsinore (No. Enroute to St. Louis Co. Hospital St. Ward)

2. FULL NAME: John Henry Burton

(a) Residence, No. 6171 Bertha Avenue St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: life yrs. mos. 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	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 13, 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	12	2	24	

OCCUPATION

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

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): Saint Louis, Missouri

FATHER

13. NAME: Elmer Burton

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

MOTHER

15. MAIDEN NAME: Mattielean Harrington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aiken, South Carolina

17. INFORMANT (ADDRESS): Mattielean Harrington, 6171 Bertha Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cemetery DATE: Feb. 12/1935

19. UNDERTAKER (ADDRESS): Charles S. Oates, 4107-09 Finney Avenue

20. FILED: 2/11 1935 Robt J. Lanckmann Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 7th, 1935

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 10:25 P. m.

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

	Date of onset
Cerebral concussion with masceration of the vital centers in the medulla oblongata.	
Other contributory causes of importance: Acute cardiac dilatation shock.	2 00

Name of operation: over Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury: Feb. 7, 1935

Where did injury occur? (Specify city or town, county, and State) Saint Louis County Mo.

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

Manner of injury: Struck by Automobile

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify:

(Signed) Luke B. Timmon, M. D.

(Address) 3718 Jennings Rd. Saint Louis Mo.

2/9/35

Pedestrian:-
Struck by automobile
at Berthd & Lehotham
Died in way to St. Louis
Co. Hosp.

We the jury agreed that the deceased John H. Burton came to his death being hit by an automobile driven by person unknown.

We the jury agree upon a open verdict.

If apprehended bound over to the Grand Jury.