

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.

JUL 2 2 1935

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

Do not use this space.

19766

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2800 Park)

File No.
Registered No. 2403 St. Ward)

2. FULL NAME

William David Burton
(a) Residence, No. 2800 Park St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 35 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie H. Burton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
ABOUT 70
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clothing dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sales clothing
10. Date deceased last worked at this occupation (month and year) June 19 1935 11. Total time (years) spent in this occupation 30 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/12/35 19
22. I HEREBY CERTIFY, that I attended deceased from Sept 19 19 to 6/12/35 19
I last saw him alive on 4/19 19 Death is said to have occurred on the date stated above at 4/19 m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset

Other contributory causes of importance: AK
Name of operation Autopsy Date of 6/12/35
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury or injury related to occupation of deceased?
If so, specify no
(Signed) [Signature], M. D.
(Address) [Signature]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo
13. NAME Harris Burton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT Mamie Burton (ADDRESS) 2800 Park
18. BURIAL, CREMATION, OR REMOVAL PLACE Otherville Mo DATE JUNE-14 1935
19. UNDERTAKER Henry W. Conner Sons (ADDRESS) Kansas City - Mo.
20. FILED 6-12-35 1935 m. m. Cronan Registrar.

