

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.

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

Dr. G. G. ...
 NOV 25 1935

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

Do not use this space.

33318

1. PLACE OF DEATH

County Macon
 Township Liberty
 City Martha (No.)

Registration District No. 533
 Primary Registration District No. 5715

File No.
 Registered No. 223 (St. Ward)

2. FULL NAME Martha 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1862

7. AGE YEARS 73 MONTHS 3 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Macon Co. Mo.

MOTHER 13. NAME David Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

15. MAIDEN NAME Nancy Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

17. INFORMANT (ADDRESS) Edward T. Burton Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Milam Chapel DATE 10-12-35

19. UNDERTAKER (ADDRESS) Stephens & Gooding Macon, Mo.

20. FILED 11/11 1935 Desto Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-35

22. I HEREBY CERTIFY That I attended deceased from May 16, 1935, to October 10, 1935
 I last saw her alive on August 29, 1935 Death is said to have occurred on the date stated above, at 10:25 m.
 The principal cause of death and related causes of importance were as follows:

Pernicious Anemia Date of onset 2 or more years.

Other contributory causes of importance: None!

Name of operation Date of
 What test confirmed diagnosis? Crawford 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) J. J. Hanaway, M. D.
 (Address) Macon Mo.

