

DEC 5 1936

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

Do not use this space.

20146

1. PLACE OF DEATH

County New Madrid
Township Le Siour
City (No. _____) _____ St. _____ Ward _____

Registration District No. 604
Primary Registration District No. 5865

File No. _____
Registered No. _____

2. FULL NAME

Billy Eugene Burton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 23 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Mo.

FATHER
13. NAME Wesley Hardin

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

MOTHER
15. MAIDEN NAME Lizzie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Town

17. INFORMANT (ADDRESS) Wesley Burton Palmyra Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Palmyra Mo. 5-18-36

19. UNDERTAKER (ADDRESS) R M Payne Palmyra Mo.

20. FILED 1936 Mr. O. B. Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 7 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. - 25 - 1936, to May 7 - 1936

I last saw him alive on May - 7 - 1936. Death is said to have occurred on the date stated above, at 7:30 P. m.

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

Colitis

Other contributory causes of importance:

acute dyspepsia

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) H. J. G. Kelly, M. D.

(Address) Palmyra Mo.



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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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20146-1-

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

Township _____

Primary Registration District No. 5805

City _____

St. _____

Ward) _____

2. FULL NAME

Billy E. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

s

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

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

July 23-1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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16

OCCUPATION

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

child

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____

DATE _____

19

19. UNDERTAKER (ADDRESS)

20. FILED

17/10 1936 Wm O'Barner
Registrar

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

May 7 - 1936

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 _____ m.

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

Date of onset

Other contributory causes of importance:

Artic Insufficiency
to whether congenital

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) H. J. O'Kellen _____, M. D.

(Address) Portageville mo.

CAUSE OF DEATH IN plain terms, so that it may be properly understood

S-20146