

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

Do not use this space.

27

40032

1. PLACE OF DEATH

County Schuyler
Township Prarie
City Queencity Mo. (No., St., Ward)

Registration District No. 806
Primary Registration District No. 4485

File No.
Registered No.

2. FULL NAME James P. Burton

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

Length of residence in city or town where death occurred 20 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 Eva Burton (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Murchant
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) Near Queencity Mo (STATE OR COUNTRY)

13. NAME Burrel Burton

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

15. MAIDEN NAME Ellen Larue

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

17. INFORMANT Robert O. Burton (ADDRESS) Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Queencity Cemetary Oct. 10 1936

19. UNDERTAKER Wm. N. West (ADDRESS) Queencity Mo.

20. FILED Oct 8 1936 J. J. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936, to Oct 8 1936. I last saw him alive on Oct 8 1936. Death is said to have occurred on the date stated above, at 2 a m. The principal cause of death and related causes of importance were as follows:

Cancer of Stomach and Peritoneum

Other contributory causes of importance: None

Name of operation Date of What test confirmed diagnosis? X Ras. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No. 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) Wm. N. West, M. D. (Address) Queencity Mo

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.

EXACTLY

1990

Figure 1. The effect of the number of trials on the mean accuracy of the responses. The error bars represent the standard error of the mean.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.....

Primary Registration District No.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence No.....

(Usual place of abode)

St.....

Ward.....

(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

m

4. COLOR OR RACE

w

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

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

1

25

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

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

10-8

1936

J. T. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... 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:

Cancer of Stomach and Omentum
Stomach primary

Date of onset

Other contributory causes of importance:

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)

Rep. King

M. D.

(Address)

Green City, Mo.

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.

5-40032

100