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.

DEC 30 1936

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

Do not use this space.

43587

1. PLACE OF DEATH
County Warren
Township Hickory Grove
City Wright City Mo (No. ..... St. ..... Ward)

Registration District No. 882
Primary Registration District No. 6174

File No. .....
Registered No. 14

2. FULL NAME Mrs. M. E. Burton (Nee Oakes)

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF the late Geo. B. Burton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11 - 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	7	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Hold
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) Near Wright City Missouri

FATHER
13. NAME Presly Oakes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER
15. MAIDEN NAME Mrs. Sinella Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) E. O. Burton Winlock Wash

18. BURIAL, ~~CREMATION~~ OR REMOVAL
PLACE Wright City Cem DATE Nov 22 1936

19. UNDERTAKER (ADDRESS) Nigbury Mud Co. Wright City Mo.

20. FILED 11/22 1936 W S Clarenbach MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1936, to Nov 17, 1936
I last saw her alive on Nov 15th, 1936. Death is said to have occurred on the date stated above, at 5:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/31/36
Appoplexy	

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) W S Clarenbach, M. D.
(Address) Wright City Mo