

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.

AUG 15 1936

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

Do not use this space.

1. PLACE OF DEATH 1202 main -

County Washington
Township Washington
City St. Joseph, Mo.

Registration District No. 85
Primary Registration District No. 1001
(No. 1202 Main)

File No. 48573
Registered No. 941
St. _____ Ward _____

2. FULL NAME Still Born - (no name) Baby Burton

(a) Residence, No. 1202 main 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2:15 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Still Born

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) St. Joseph, Mo.

13. NAME Herman Burton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pelita, Texas

15. MAIDEN NAME Emma Jane Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah, Mo.

17. INFORMANT Herman Burton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE July 15 - 1936

19. UNDERTAKER B. F. Graves (ADDRESS) 806 - S. 17th St.

20. FILED July 15 - 1936 H. J. Neelbush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 - 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 1:15 A. m.
The principal cause of death and related causes of importance were as follows:

Stillborn
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? No
If so, specify _____
(Signed) Leitch / Gardner M. D.
(Address) 276 1/2 W. Mo. ave.

