

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.

Do not use this space.

24728

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

92 JUL 31 1937

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 3936
City St. Charles (No. St. Joe Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1022 Jefferson St., 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella John
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27th, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Commissioner
10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg, Mo

13. NAME John Burton

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

15. MAIDEN NAME Sergius Head

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

17. INFORMANT (ADDRESS) Frank Burton

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemetery DATE June 28, 1937

19. UNDERTAKER (ADDRESS) Hackman Bane

20. FILED 6/28 37 Clarence S. Messler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-37 1937

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

Internal Injuries.

Date of onset

Other contributory causes of importance: Fractured Pelvis.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: Accident. Date of injury 6-25, 1937
Where did injury occur? City Street. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. City Street. Grading operation.
Manner of injury Fell under road grader wheel.
Nature of injury Fractured Pelvis and internal injuries.

24. Was disease or injury in any way related to occupation or deceased? Yes
If so, specify injuries.
(Signed) John B. Bane
(Address) Corner St. Charles, Co. Mo.

OCCUPATION
FATHER
MOTHER

