DEC 16 1937

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

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Do not use this space.

File No. 41051

Registered No. 300

1. PLACE OF DEATH

County Cole

Township Jefferson

City (No. Jeff City Country Club St. Ward)

Registration District No. 213 1

Primary Registration District No. 5293

2. FULL NAME John Burton

(a) Residence, No. Columbia, Mo. 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

3. SEX: Male

4. COLOR OR RACE: Negro

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

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

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

7. AGE — YEARS: About 28 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Columbia, Mo.

FATHER

13. NAME John Burton

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

MOTHER

15. MAIDEN NAME Daisey Knolley

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

17. INFORMANT S. P. Parker
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia, Mo. DATE Nov. 21, 1937

19. UNDERTAKER S. P. Parker
(ADDRESS) Columbia, Mo.

20. FILED 11/20/1937 [illegible] M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

~~Coroner's Case.~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 37

22. I HEREBY CERTIFY, That I attended deceased from Viewed his dead body Nov. 18, 1937

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
Burned to death, while sleeping in the Country Club building near Jefferson City, Mo.	

Other contributory causes of importance:

Conflagration --- 180

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/18, 1937

Where did injury occur? at the Club House - C. Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home - Country Club Bldg

Manner of injury Burned to death - asleep on Bed

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank J. Nichols Coroner, M. D.

(Address) Centertown, 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.