

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kenn Primary Registration District No. 1002
City Kansas City (No. 569 Harrison)

44012
File No. 4915
Registered No. _____
St. _____ Ward _____

2. FULL NAME Agnis Moore Burton

(a) Residence, No. 569 Harrison 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 7, 1893</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>4</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) Fayette
(STATE OR COUNTRY) Missouri

13. NAME William Green

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

15. MAIDEN NAME Jennie Ann

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

17. INFORMANT Ideal Smith
(ADDRESS) 1109 Paseo Apt. 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem DATE Dec. 7, 1937

19. UNDERTAKER West of Pleaton & Jones Inc
(ADDRESS) 1925 Olive

20. FILED Dec 7 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3- 19 37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw deceased _____ Death is said to have occurred on the date stated above, at 9:25 a.m. M.

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

Coronary Occlusion
(Edema etc)
Chr. Hypertensive Myocarditis
Acute Pulmonary Edema
Other contributory causes of importance: 93c

Name of operation _____ Date of _____
What test confirmed diagnosis autopsy Was there an autopsy yes

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) Lucian F. Richardson, M. D.
(Address) 1832 7me

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

5010-0-22-36
1 X9314

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.

