

REC'D JUN 22 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Pettis  
Township Sedalia  
City Sedalia (No. \_\_\_\_\_)

Registration District No. 668  
Primary Registration District No. 3032

19186  
File No. 183  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Arthur G. Burton

(a) Residence, No. 1208 East 9th 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

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Zolula Burton

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

Jan. 14, 1888

## 7. AGE

YEARS  
57MONTHS  
4DAYS  
19If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

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

Linotype Operator

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) May 17, 193811. Total time (years)  
spent in this  
occupation 2012. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Gilliam  
Missouri

## 13. NAME

Joseph Burton

Howard County

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

Missouri

## 15. MAIDEN NAME

Mary Mackee

Mitchell

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

Tennessee

17. INFORMANT  
(ADDRESS)Wm. Burton  
Jerseyville, Ill.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 6/5, 193819. UNDERTAKER  
(ADDRESS)Duane Ewing  
Sedalia, Mo.20. FILED 6-4-, 1938Jean Slack  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-193822. I HEREBY CERTIFY That I attended deceased from  
4-17-, 1938, to 6-3-, 1938I last saw him alive on 6-3-, 1938. Death is said  
to have occurred on the date stated above, at 6:30 a.m.

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

Coronary occlusion.

Date of onset

Other contributory causes of importance:

Heart trouble on a long period and lack of being treated care

Name of operating \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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) D. J. Campbell, M. D.(Address) Subsidiary, Mo.

