

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.

REC'D JUN 17 1938

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

Do not use this space.

19195

1. PLACE OF DEATH

County Jettie
Township Gracie
City (No. _____) _____ (St. _____) _____ (Ward _____)

Registration District No. 668
Primary Registration District No. 5890

File No. 160
Registered No. 668

2. FULL NAME

(a) Residence, No. John W. Burton 635
(Usual place of abode) Sedalia, Mo. R.R. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Rosa E. Burton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
66 11 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Beulah, Mo.

MOTHER / FATHER 13. NAME Thomas G. Burton

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

15. MAIDEN NAME Mary League

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

17. INFORMANT (ADDRESS) Everett Burton
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried Camp Ground DATE 5-17-38

19. UNDERTAKER (ADDRESS) B. F. Moore
26 North 1st

20. FILED 5-17-38 1938 John Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to May 16, 1935.

I last saw him alive on May 13, 1935. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

acute parenchymatous nephritis

Date of onset May 11/35

121

Other contributory causes of importance: chronic sup. enderitis

Physician Keene

Name of operation none Date of none

What test confirmed diagnosis Chrom. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Chas. Keene, M. D.
(Address) Sedalia, Mo.

668

