

DEC'D SEP 26 1938

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

Do not use this space.

29826
150751

1. PLACE OF DEATH

County Camden Registration District No. 735
Township Spring Creek Primary Registration District No. 3034
City Madison (No.) St. Ward

File No.
Registered No. 158

2. FULL NAME

Lucia Taylor Burton 1-20-38
St. Ward

(a) Residence. No. St. Ward. (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED -
HUSBAND OF
(or) WIFE OF

Ellen Hindsted

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/31/1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer 1

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe, Co. Mo

10. NAME OF FATHER Douglas Burton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Elizabeth Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

14. INFORMANT Rhoda I. Hark
(Address) 2215 Maple - Madis

15. FILED Aug 16 1938 Ethel Blecter
REGISTRAR 10/2/38

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1938

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1938, to July 24, 1938, that I last saw him alive on July 24, 1938, and that death occurred, on the date stated above, at 9:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L. O. Kell, M. D.

, 19 (Address) Madison Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Oak Grove Cemetery July 25 - 1938

20. UNDERTAKER ADDRESS

Frank Thompson Madison

RECEIVED

District Health Officer/No. 10

District File Number 10-38-189

Date Filed 9-19-38