

REC'D MAR 21 1939

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

7606  
Do not use this space.

1. PLACE OF DEATH  
(a) County Randolph Registration District No. 734  
(b) Township Salt River Primary Registration District No. 5969  
(c) City 1 (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNIE B. BURTON  
(a) Residence, No. RED JACKSONVILLE MO St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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 Tale Burton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-18-1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 6 2  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) 1938  
11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RED Clifton Hill Missouri  
13. NAME N. A. Crutchfield  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo.  
15. MAIDEN NAME Delila Townsend  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
17. INFORMANT (ADDRESS) Tale Burton RED #1 Jacksonville Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville Mo DATE Feb-22-1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Snow Funeral Home Maysville Mo  
20. FILED Feb 22 1939 John Wright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-20-1939  
22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Feb 20 1939  
I last saw her alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Paralysis  
Date of onset over 20 years ago  
Other contributory causes of importance: None  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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? no  
If so, specify \_\_\_\_\_  
(Signed) John P. Allen, M. D.  
908 (Address) Cairo, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-413

Date Filed MAR 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, myself

H. R. M. Carter, or by \_\_\_\_\_

Registered Apprentice No. 1857, working under my personal supervision.

Signed Thomas E. Barrow

Licensed Embalmer No. 2414

P. O. Address Moberly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.