

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

Do not use this space.

RECORDED APR 6 1939

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Esther mo (No. _____)

Registration District No. 774
Primary Registration District No. 6018B

File No. 12183
Registered No. 840
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

John Burington

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Missouri Burington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23rd - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 2 12

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as mill, saw mill, bank, etc. at home: odd job

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) Sullivan mo

13. NAME Wm Burington

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

15. MAIDEN NAME Hannah Gray Diller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

17. INFORMANT (ADDRESS) Missouri Burington
Esther mo

18. BURIAL, CREMATION, OR REMOVAL buried DATE 3-9-39

19. UNDERTAKER (ADDRESS) Baldwell Bros
Feat River

20. FILED 3/29-39 C. B. Pearson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1939, to Mar 7, 1939

I last saw him alive on Mar 6, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Chronic myocarditis

Other contributory causes of importance: hypertension

Name of operation none Date of _____

What test confirmed diagnosis? bc sm 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 _____

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) C. H. Appleberry, M. D.

(Address) Feat River mo

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

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.

