

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 22 1930

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

Do not use this space.

36967

1. PLACE OF DEATH
 County Missouri Registration District No. 65-3
 Township Corrival Primary Registration District No. 5865
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Edith Burton
 (a) Residence No. _____ 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 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 George H. Burton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 2 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Ill.

PARENTS

10. NAME OF FATHER Palmer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) D. Know
Dorset Know
 12. MAIDEN NAME OF MOTHER Dorset Know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dorset Know

14. INFORMANT H. J. Crawford
 (Address) Posebla Mo

15. FILED Nov 12 1930 J. N. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10 - 1930, 1930, to Nov 11 1930, that I last saw her alive on Nov 9, 1930 and that death occurred, on the date stated above, at 11:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of spleen
Probably streptococcus
infection
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Gangrene Dec. Colon
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. N. Johnson, M. D.
Nov 12 1930 (Address) Hayte 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 Stevenson Cem. Malden, Mo. DATE OF BURIAL Nov 12 1930

20. UNDERTAKER Hugh Davis ADDRESS Hayte, Mo.

