

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.

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

Do not use this space.

6139

1. PLACE OF DEATH

County Madison

Registration District No. 461

File No. 13

Township Lexington

Primary Registration District No. 3024

Registered No. \_\_\_\_\_

City Lexington

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Lillie Ann 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Burton</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>About 1907</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About 19</u>				
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Jackson Mo.  
(STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Thomas Burton  
(Address) Lexington Mo

15. FILED Feb 19 1931 S. W. Frederick REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1931

17. I HEREBY CERTIFY That I attended deceased from Feb 6 1931 to Feb 19 1931 that I last saw her alive on Feb 19 1931 and that death occurred, on the date stated above, at 1.05 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronch-pneumonia & influenza  
1107  
1097 (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) 1107 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
1107  
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) A. J. Chalkey M. D.  
Feb 20 1931 (Address) Lexington 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 <u>Lexington Mo</u>	DATE OF BURIAL <u>Feb. 22 1931</u>
20. UNDERTAKER <u>Conrad Fegest</u>	ADDRESS <u>Lexington Mo</u>

