

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

Do not use this space.

29024-4
⑧

1. PLACE OF DEATH

County Pemisco Registration District No. 5877
Township Virginia Primary Registration District No. 655
City Dixton (No. _____) St. _____ Ward _____

2. FULL NAME

Rubamill Burton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>"</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-12-30</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>10</u>	<u>19</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>			
	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) <u>Dixton Mo</u>				
MOTHER / FATHER	13. NAME <u>Robert Burton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pontiac Miss</u>			
	15. MAIDEN NAME <u>Anna May Walker</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GA</u>			
17. INFORMANT (ADDRESS) <u>Robert Burton</u> <u>Stiles and R. 1.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbus</u> DATE <u>8-2</u> 19 <u>31</u>				
19. UNDERTAKER (ADDRESS) <u>Burman</u> <u>Stiles and R. 1.</u>				
20. FILED <u>8/1</u> 19 <u>31</u> <u>Mary Kelly</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1931

22. I HEREBY CERTIFY That I attended deceased from July 26 1931 to Aug 1 1931
I last saw him alive on Aug 1 1931. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Callos
119B
119
Other contributory causes of importance: all know

Name of operation Lymph Date of _____
What test confirmed diagnosis? Lymph Was there an autopsy? no

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? h. o.
If so, specify _____
(Signed) J. J. [Signature] M. D.
(Address) Stiles and R. 1.

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.

1947

