FEB 11

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

Do not use this space.

791

1003

3767

1019

**1. PLACE OF DEATH**

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. City Hospitial #1 St. ..... Ward)

**2. FULL NAME** Burnell B. Dutton

(a) Residence, No. 4938 Nottingham St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married. |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Julia Dutton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16. 1895.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 40. | 8. | 11. | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Chief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. T. & T. Co

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) DeSoto Missouri.

FATHER

13. NAME John S. Dutton

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

MOTHER

15. MAIDEN NAME Cass Forly Abbie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Julia Dutton 3511 N. 23 rd Str

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sun Set DATE Jan 29 1936

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette

20. FILED JAN 28 1936 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 34 a m.

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

Fractures of Skull, Laceration of Brain received when an auto driven by deceased skidded striking

Date of onset

Other contributory causes of importance:

two other automobiles in St. Louis, Mo

1946 Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 1/24, 1936.

Where did injury occur? St Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto skidded striking two autos

Nature of injury Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Harold [illegible], ~~M.D.~~

(Address) Dixon.