

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

Do not use this space.

**DEC 16 1937**

**1. PLACE OF DEATH**

County Cole  
Township Jefferson  
City Jeff City Country Club

Registration District No. 213  
Primary Registration District No. 5293  
(No. Jeff City Country Club)

File No. 41052  
Registered No. 304  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Mabel Burton

(a) Residence, No. Columbia, Mo. 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Burton

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 30

OCCUPATION

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

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

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) Pettis County, Missouri.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) S. P. Parker, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. DATE Nov. 21, 1937

19. UNDERTAKER (ADDRESS) S. P. Parker, Columbia, Mo.

20. FILED 11/20 1937 Superior M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

Coroner's Case

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Viewed her dead body Nov. 18, 1937

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Burned to death, while sleeping in the Country Club building near Jefferson City, Mo.

Date of onset

Other contributory causes of importance:

180  
Conflagration

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 11/18, 1937

Where did injury occur? at the club house (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

In home - Country Club

Manner of injury burned to death - by gas

Nature of injury see above

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

If so, specify \_\_\_\_\_

(Signed) Frank J. Nichol Coroner M. D.

(Address) Centertown, Mo. of Cole Co.

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.

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