

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

Do not use this space.

REC'D APR 21 1938

10651

1. PLACE OF DEATH

County *Russell*
 Township *Saban*
 City (No. St. Ward)

Registration District No. *290*
 Primary Registration District No. *5409*

File No.
 Registered No. *23*

2. FULL NAME

Mary E. Burton 635

(a) Residence, No. St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 11, 1861*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *X*
 10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hamilton Co. Mo.*

13. NAME *Don't know*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Mary E. Burton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Laurel Cemetery* DATE *April 15, 1938*

19. UNDERTAKER (ADDRESS) *Wm. E. ...*

20. FILED *4/19/38* *A. S. McDaniel* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *March 30, 1938* to *April 2, 1938*. I last saw her alive on *March 31, 1938*. Death is said to have occurred on the date stated above, at *5:16 P.M.*

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

Carcinoma of Intestines
General Debility
enlarged spleen

Date of onset *Simplex began about 2 months*

Other contributory causes of importance: *46'*
General Debility
enlarged spleen

Name of operation Date of
 What test confirmed diagnosis: *clinical* 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? *no*
 If so, specify (Signed) *R. E. ...*, M. D.

(Address) *213* *Dematt Mo*

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.

