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.

SEP 16 1938

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

Do not use this space.

28180

1. PLACE OF DEATH
County Adair — Registration District No. 3 — File No.
Township Wilson — Primary Registration District No. 5004 — Registered No. 148
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Annabelle Burton 1.35
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 William Burton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1861
7. AGE YEARS 76 MONTHS 11 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Illinois

FATHER
13. NAME John Davidson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) W. B. Burton Gibbs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE La Plata DATE Aug 14 1938
19. UNDERTAKER (ADDRESS) D. G. Christie La Plata Mo
20. FILED Aug 25 1938 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938 to Aug 12, 1938
I last saw her alive on Aug 5 1938 Death is said to have occurred on the date stated above, at 5 39 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance: no.

Name of operation none Date of —
What test confirmed diagnosis? none 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) H. O. Newton, M. D.
(Address) La Plata Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-38-56
Date Filed 9/14/38