

REC'D DEC 19 1938

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

39260

Do not use this space.

## 1. PLACE OF DEATH

(a) County Harrison Registration District No. 334  
(b) Township Bethany Primary Registration District No. 4197  
(c) City Bethany (d) Street No. \_\_\_\_\_ Registered No. 70  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

635 Carl Alvin Burton  
(a) Residence, No. \_\_\_\_\_ St.  New Hampton Mo.  
(Usual place of abode, if no street address, write county or city) (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 S  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
28 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Common Laborer  
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) Harrison Co Missouri

FATHER 13. NAME Henry Burton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Missouri

MOTHER 15. MAIDEN NAME Dora Smith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Missouri

17. INFORMANT (ADDRESS) Dorothy Kelley

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Int Zion DATE Nov 17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Noble  
New Hampton Mo20. FILED 11-30-38 A. L. Westling  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938, to Nov 15, 1938  
I last saw him alive on Nov 15, 1938. Death is said to have occurred on the date stated above, at 12:05 P.M.

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

Accidentally struck by train, which broke several ribs and punctured left lung causing internal hemorrhage.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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 Nov 14, 1938  
Where did injury occur? New Hampton Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Struck by train  
Nature of injury Broken ribs, punctured lung.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_  
(Signed) Ernest L. Hood M.D.  
(Address) Bethany Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*W G Noble*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

*W G Noble*

Licensed Embalmer No. *2904*

P. O. Address *New Hampton M*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**