

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

### 15844

Do not use this space.

REC'D MAY 22 1939

**1. PLACE OF DEATH**

(a) County Polk Registration District No. 701  
 (b) Township Merion Primary Registration District No. 4422 Registered No. 22  
 (c) City Bolivar (d) Street No. \_\_\_\_\_ St.  
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** William E. Burton

(a) Residence, No. Bolivar mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male W 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lollie Burton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	75	3	25	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	<u>Miller</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	<u>Carpenter</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Mt. Vernon 0  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) 9  
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Nolan Bacon  
 (ADDRESS) Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greenwood DATE April 30, 1939

19. FUNERAL DIRECTOR (NAME) White-Erwin Funeral  
 (ADDRESS) Bolivar, Missouri

20. FILED 4-28-1939 J. P. Roberts  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939 to Apr 27, 1939

I last saw him alive on Apr 26, 1939. Death is said to have occurred on the date stated above, 2-28 a.

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

Gangrene right foot & leg from Generalized Arteriosclerosis Thrombosis artery of leg

Date of onset  
Feb 15  
1939

Other contributory causes of importance:  
96

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? \_\_\_\_\_ 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) St. Miller, M. D.

(Address) Bolivar 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.

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*Transmit to Miss Thomas May - prof. ed*

RECEIVED.

District Health Officer No. 7,

District File Number

7-39-791

Date Filed

5-11-39

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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**