

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

Do not use this space.

REC'D JAN 18 1940

2592

**1. PLACE OF DEATH**

County Jackson  
Township Washington  
City Grandview

Registration District No. 404  
Primary Registration District No. 5558

File No. \_\_\_\_\_  
Registered No. 105 Ward \_\_\_\_\_

**2. FULL NAME** James Edgar Burton

(a) Residence, No. P 70 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 Effie M Burton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1862

7. AGE YEARS 77 MONTHS 1 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Peabody Mass.

13. NAME Jacob Burton

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

15. MAIDEN NAME Abbie M. Elliot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danvers Mass.

17. INFORMANT Effie M. Burton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 10, 1940

19. UNDERTAKER H. B. Langford (ADDRESS) 1005 Summit

20. FILED 1-9- 1940 M. J. Brennan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1940

22. I HEREBY CERTIFY That I attended deceased from July 1, 1939 to Jan 9, 1940  
I last saw him alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Cancer prostate  
arteriosclerosis  
(Septic focus)

Other contributory causes of importance:

Fracture of hip

Name of operation no Date of no

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? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury \_\_\_\_\_

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

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

(Signed) W. E. Brennan M. D.

(Address) Gene Street 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.

OCCUPATION

MOTHER FATHER

1948

I here by Certify that the body whose name is  
recorded on reverse side of this Certificate  
was embalmed by me.

Licensed Embalmer  
no 3833

H B Langford  
Luis Summit  
Ms.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2592  
Registrar's No. 105

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 404

Primary Registration District No. 5338

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Washington, Iowa  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME James Edgar Buxton

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....m

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 28  
If less than one day..... hr. min.

9. Birthplace.....  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....  
(If outside city or town limits write "RURAL")

(d) Street No.....  
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month Jan day 9  
year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Cancer prostate

Due to.....

Due to.....

Other conditions fracture of hip  
(Include pregnancy within 3 months of death)

Major findings: Fell on way to house  
Of operations: 7th June 1937  
was not working had  
Of autopsy: just come from town

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 2nd hip was a pathological fracture - drunk

(b) Date of occurrence.....

(c) Where did injury occur? know the date  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature A. E. Low (M. D. or other).....  
Address Grandview.....

SUPPLEMENTARY

