N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

FILED JUL 9 1940

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

Do not use this space.

21884

1. PLACE OF DEATH
County Howard 2 Registration District No. 376
Township Prairie 0 Primary Registration District No. 4220
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME 635 MAY WILLIAM BURTON
(a) Residence, No. Armstrong Mo Rural (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Burton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/14/1864
7. AGE YEARS 75 MONTHS 5 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 6/1/39
11. Total time (years) spent in this occupation 50

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

FATHER
13. NAME Eliza W Burton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co, Mo.

MOTHER
15. MAIDEN NAME Hulda Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Hulda~~ Randolph Co. Mo

17. INFORMANT (ADDRESS) Betty Anderson Armstrong Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Roanoke Mo DATE 6/2/1940
19. UNDERTAKER (ADDRESS) A. H. Oldaker Armstrong Mo
20. FILED 6-18 1940 W. M. Dickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1940
22. I HEREBY CERTIFY, That I attended deceased from 12/27, 1939, to 6/1/, 1940
I last saw him alive on 6/1/, 1940 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic infection	12/27/39
Chronic Glomerular Nephritis	
Debility (Senile)	

Other contributory causes of importance: 21
0
6

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) P. W. Deem DO
(Address) Armstrong Mo

337