

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

Do not use this space.

**1. PLACE OF DEATH**

County Barry  
Township Corlissiana  
City (No. \_\_\_\_\_)

Registration District No. 31  
Primary Registration District No. 5042 B

File No. 40072 a  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Kinslow Burton  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 6 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 Tennessee Burton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 10 6  
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.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1931  
22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1931, to 12-17, 1931  
I last saw h. .... alive on \_\_\_\_\_, 19..... Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis  
Date of onset  
131  
93 D  
137  
Other contributory causes of importance:  
Hypertrophic prostatic  
Chronic Hepatitis

Name of operation None 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) C. W. Poore, M. D.  
(Address) Wheaton Inc.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME John K. Burton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT Mrs James Burton  
(ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE Burton Cemetery Dec. 22, 1931  
19. UNDERTAKER Belka Funeral Home  
(ADDRESS) Wheaton, Mo.  
20. FILED \_\_\_\_\_, 19\_\_\_\_ Registrar.

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.

FEB 25 1932  
 77-5-25



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Baverly  
Township Cassiana  
City..... (No..... St..... Ward)

Registration District No. 31  
Primary Registration District No. 5042B

File No.....  
Registered No. 6

**2. FULL NAME**

John Kinslow Burton

(a) Residence, No..... St..... Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 9 24

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.

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) MO

FATHER 13. NAME John K. Burton

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Julia Burton

18. BURIAL, CREMATION, OR REMOVAL PLACE Burton Cem DATE Dec 22 1931

19. UNDERTAKER (ADDRESS) Bellevue Funeral Home  
Wheaton mo

20. FILED 2-10 1932 Mattie Blausensky Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-22 to Dec 17 1931

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 3 P m.

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

myocarditis  
Date of onset  
Other contributory causes of importance:  
hypertrophic prostate  
Chronic nephritis  
Name of operation no 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) O. W. Poor, M. D.  
(Address) Wheaton 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5 400 729