

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

PLACE OF DEATH

County Jasper  
Township McDonnell  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 419 File No. 34974  
Primary Registration District No. 5573 Registered No. \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Susanna Burkett

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Jan. 24, 1831</u> <u>Sept. 24, 1877</u> (Month) (Day) (Year)		
AGE <u>80</u> yrs. <u>7</u> mos. <u>12</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housekeeping</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Q B</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Bedford Co Pa.</u>		
PARENTS	NAME OF FATHER <u>Abraham Burkett</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bedford Co. Pa.</u>	
	MAIDEN NAME OF MOTHER <u>Elizabeth Mauk</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bedford Co. Pa.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Sept. 4, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 4 -, 1911, to Sept. 4, 1911, that I last saw her alive on Sept 4, 1911, and that death occurred, on the date stated above, at 1 a.m.  
The CAUSE OF DEATH\* was as follows:

Paralysis  
87 D (Duration) \_\_\_ yrs. \_\_\_ mos. 7 ds.

Contributory (SECONDARY)  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. U. Hope M. D.  
9-5-11 1911 (Address) Golden City Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence. \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. H. Briggles  
(ADDRESS) R. T. L. #4 Bowen Mills

PLACE OF BURIAL OR REMOVAL  
Oudenville Mo. DATE OF BURIAL  
Sept 5, 1911

Filed Sept 21, 1911 H. R. King M. D.  
REGISTRAR

UNDERTAKER  
E. A. Phillips ADDRESS  
Golden City

Oct 18-1911 A. X. Corbman

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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "*Laborer*," "*Foreman*," "*Manager*," "*Dealer*," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Congenital," "*Sentle*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For **FOLENT DEATHS** state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury; as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Joseph  
Township McDonnell  
Village \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 419 File No. 2  
Primary Registration District No. 5573 Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Susanna Burnett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W SINGLE Single  
MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_  
OR DIVORCED \_\_\_\_\_ (Write the word)  
DATE OF BIRTH 1-22-1831  
(Month) (Day) (Year)  
AGE 80 yrs. 7 mos. 12 ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

DATE OF DEATH 9-4, 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from 9-4, 1911, to 9-4, 1911,  
that I last saw her alive on 9-4, 1911,  
and that death occurred, on the date stated above, at 1 a m.  
The CAUSE OF DEATH\* was as follows:

OCCUPATION  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Paralysis  
Cerebral hemorrhage,  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Redford Pa  
NAME OF FATHER Abraham Burnett  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Redford Pa  
MARRIED NAME OF MOTHER Elizabeth Mann  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Redford Pa

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. A. Jones M. D.  
9-5-1911 (Address) Golden City Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  
(Informant) L. N. Breyer  
(ADDRESS) Bowers Mill P. O.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

Filed 10-18 1911 R. X. Cordova REGISTRAR

PLACE OF BURIAL OR REMOVAL Dundeeville Mo DATE OF BURIAL 9-5, 1911  
UNDERTAKER E. A. Phillips Golden P. ADDRESS \_\_\_\_\_

Original file, date 10-18, 1911 All information called for must be written on this Supplementary Certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EMERALD

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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