

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

Do not use this space.

B. H.
8968

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City N.E. Mo. (No. St. Louis Memorial Hospital) (Ward)

File No. _____
 Registered No. 1140

2. FULL NAME

Kathyrine Burnett
 (a) Residence, No. 1516 Palmer 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. 3 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Jewell J. Burnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-13-1908

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 | 9 | 19 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo.

10. NAME OF FATHER Cephas Levell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Springton - Mo.

12. MAIDEN NAME OF MOTHER Lady Ford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Jewell J. Burnett
 (Address) 1516 Palmer St

15. FILED 3/14 1928 M. M. Lesure REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH was as follows:
Distal obstruction
Valvulus -
12 & 13
12 3A

CONTRIBUTORY (SECONDARY) Sanguinous small intestine
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED H8B1
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? at autopsy

(Signed) St. Louis, Mo.
3/12 1928 (Address) Shady Corner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Missouri City Mo. DATE OF BURIAL 3/14 1928

20. UNDERTAKER Mr. O. L. Foster ADDRESS N.E. 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.

