

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Parkhurst Hotel**)

File No. **18616**
 Registered No. **4989**
 St. _____ Ward _____

2. FULL NAME

Emma Jane Burnett
 (a) Residence. No. **Parkhurst Hotel 19** Ward _____
 (Usual place of abode) **228 1/2 Taylor** (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 *Female* **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 *Lynn H. Burnett*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 2, 1868*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, _____ hrs.	or _____ min.
	<i>60</i>	<i>3</i>	<i>4</i>	<i>=</i>	<i>min.</i>

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *at home*
 (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) *Hurricane N. Carolina*

10. NAME OF FATHER *Samuel Platt*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *N. C.*

12. MAIDEN NAME OF MOTHER *Josephine*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *N. C.*

14. INFORMANT (Address) *Lynn H. Burnett Parkhurst Hotel*

15. FILED *1928 May 6* **REGISTRAR** *E. Darkley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 6 1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 1 28 - 1*, 19 *28*, to *May 6 28* that I last saw her alive on *May 6 1928*, and that death occurred, on the date stated above, at *9:00* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11B
99A
aura la grippe (duration) _____ yrs. _____ mos. *6* ds.

CONTRIBUTORY (SECONDARY) *aura myocarditis* (duration) _____ yrs. _____ mos. *2* ds.

18. WHERE WAS DISEASE CONTRACTED *11B*
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? (no) DATE OF _____
WAS THERE AN AUTOPSY? (no) _____

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*
 (Signed) *J. W. Macdonald*, M. D.
 (Address) *3529 Franklin*, 19 _____

*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 *Laurel Hill Cem* **DATE OF BURIAL** *5/8 1928*

20. UNDERTAKER *C. Blupton* **ADDRESS** *4449 Olive*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

at J. N. W. Donald

3529 Franklin

10 - 12.

Jefferson 9284.

Be there at 11 a.m.