Aug 21 1928

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.

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

Do not use this space.

23009

File No. .....

Registered No. 811

1. PLACE OF DEATH

County Buchanan — Registration District No. 83

Township ..... — Primary Registration District No. 1001

City St. Joseph (No. ....., ... St. ..... Ward)

2. FULL NAME Henry O. Burnett

(a) Residence. No. 521 E. Mo. Ave. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah L. Burnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	10	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cars Furnace
(STATE OR COUNTRY) Penn.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT T. A. Burnett
(ADDRESS) 521 E. Mo. Ave.

15. FILED Aug 9, 1928 John G. Ott SS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Chronic July 2, 1928, to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 9 m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo Carditis

92 C

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? Unusual.

What test confirmed diagnosis? Cause & history of previous sickness

(Signed) Geo Glenn Coroner, M. D.

7/3, 1928 (Address) St Joseph Mo

*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 Odd Fellows Cem.

DATE OF BURIAL July 3, 1928

20. UNDERTAKER Fred D. Clark

ADDRESS 5025 King Hill Ave