28 1928

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

Do not use this space.

File No. 24670

Registered No. .....

1. PLACE OF DEATH

County: Pemiscot — Registration District No. 656

Township: Hollywood — Primary Registration District No. 5 8 2 3

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

2. FULL NAME .....

(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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): X

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 21-1927

7. AGE — YEARS: ..... MONTHS: 7 DAYS: 3 IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: X

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

(c) Name of employer: X

9. BIRTHPLACE (CITY OR TOWN): Cooter Mo
(STATE OR COUNTRY): Pemiscot Co.

PARENTS

10. NAME OF FATHER: John B Burnett

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Buckner
(STATE OR COUNTRY): Madison Co.

12. MAIDEN NAME OF MOTHER: Olivia Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dyersburg
(STATE OR COUNTRY): Dyer Co Tenn

14. INFORMANT: F. Hughes
(Address): Cooter

15. FILED 8-10, 1928 James A. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-24 1928

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1928 to 24, 1928, that I last saw alive on 23, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis

11965 1328

(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY) .....

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

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) J. R. Hartwell, M. D.

, 19 (Address) Steele 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: Mt Zion — DATE OF BURIAL: 7-24 1928

20. UNDERTAKER: [illegible] — ADDRESS: Steele 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.