JAN 23 1929

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

Do not use this space.

Hall 41444

1. PLACE OF DEATH
County Johnson — Registration District No. 431 — File No.
Township Warrensburg — Primary Registration District No. 3023 — Registered No.
City Warrensburg (No. ..., ... St. ... Ward)

2. FULL NAME Jennie Burnett
(a) Residence. No. 712 N Holden. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Burnnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 7, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
52	2	21	

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) Pensylvania

PARENTS
10. NAME OF FATHER S. J. Coleman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Pensylvania,
12. MAIDEN NAME OF MOTHER Mary Keil
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Pensylvania

14. INFORMANT John Burnett
(Address) Warrensburg, Mo

15. FILED 12/31 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1926, to Dec. 28th 1928, that I last saw her alive on Dec. 28th 1928, and that death occurred, on the date stated above, at 7-15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinomas of breast
Sd 4 (duration) 2 yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Sont Tmon
(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? ...
(Signed) O B Hall, M. D
12/31, 1928 (Address) Warrensburg 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 Sunset Hill Cem — DATE OF BURIAL 12/30 1928

20. UNDERTAKER S. R. Sweeney, Warrensburg — ADDRESS

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.