

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

Do not use this space.

21550
-2688

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Manassas, Liberty, Trinity, Lutheran, La. 3rd

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Fred Edward Burnett

(a) Residence. No. 4519 Madison St., 7 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 7 da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 28

8. OCCUPATION OF DECEASED Infant 1228
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Emery Burnett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Evian Weedon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Colorado
(STATE OR COUNTRY)

14. INFORMANT Emery Burnett
(Address) 4519 Madison

15. FILED 6/17 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1929

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1929, to June 16, 1929
that I last saw h. l. m. alive on June 16, 1929, and that death occurred, on the date stated above, at 4:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intussusception
11801
(duration) _____ yrs. _____ mos. 3 da.
CONTRIBUTORY Post operative shock.
(SECONDARY) (duration) _____ yrs. _____ mos. 1/2 da.

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 15, 1929
WAS THERE AN AUTOPSY? not

WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) Charles J. Reddick, M. D.
June 16, 1929 (Address) 711 Patton Bldg

*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 Washington DATE OF BURIAL 6-18 1929

20. UNDERTAKER Mrs. C. L. Foster ADDRESS R. P. 210

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.

