

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

Do not use this space.

23919

1. PLACE OF DEATH

County Platte
Township Union
City St. Louis (No. 711)

Registration District No. 711
Primary Registration District No. 3940

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

2. FULL NAME

Henry Burnett
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-22-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(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) Platte Co. Mo.

10. NAME OF FATHER John Burnett

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

12. MAIDEN NAME OF MOTHER Susana Lipscomb

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

14. INFORMANT James Burnett
(Address) Dixon Mo.

15. FILED 7/15/30 A. S. Lick REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/12 19 30

17. I HEREBY CERTIFY, That I attended deceased from 7/12 1930, to 7/12 1930.
that I last saw him alive on 7/12 1930 and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction
92A
191

CONTRIBUTORY (SECONDARY) Heat Prostration (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

3 DID AN OPERATION PRECEDE DEATH DATE OF 30

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) A. J. Ginder M. D.

. 19 (Address) Dixon 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

DATE OF BURIAL

Dixon 7-14 1930

20. UNDERTAKER

ADDRESS

Fred W. Gellberg Dixon 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.

