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

Do not use this space.

39997

File No. .....

Registered No. 94

JAN 20 1931

PLACE OF DEATH

County Linn

Township Brookfield

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

Registration District No. 496

Primary Registration District No. 3025

2. FULL NAME Ida May Burnett

(a) Residence. No. 218 S. Monroe St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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: Wh

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) 2-13-1900

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	10	2	

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

9. BIRTHPLACE (CITY OR TOWN) Bucklin
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Burnett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not Know
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Catherine Conklin

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

14. INFORMANT Mrs John Burnett
(Address) Bucklin Mo

15. FILED Dec 16 1930 Thos. P. Fox
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-18 1930, to 12-18 1930, that I last saw h. alive on 12-18 1930, and that death occurred, on the date stated above, at 3:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 138B

Pneumonia 129

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Alcoholism in addiction - Drinking

Lost 2 wks ago ..... (duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 218 S. Monroe

DID AN OPERATION PRECEDE DEATH? No DATE OF 12/10/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab.

(Signed) Jno. T. McGrew, M. D.

(Address) Brookfield, 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 Wyandotte Cemetery Thos. Hall — DATE OF BURIAL Dec 17 1930

20. UNDERTAKER Cordell — ADDRESS Brookfield

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Linn — Registration District No. 496 — File No.
Township — Primary Registration District No. 3025 — Registered No. 94
City Brookfield (No. ..., ... St. ... Ward)

2. FULL NAME Ida May Burnett
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	S

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

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

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

8. OCCUPATION OF DECEASED
(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)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED Dec. 16, 1930 Thos. P. Fox
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Abscess in lumen involving left tube & overy.
(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) ..., M. D
, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

138

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW ... terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-39997

cated by check marks, lacking from the death certificate: 94

Name: Ida May Burnett.

Who died at: Brookfield, Mo, on Dec. 15, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____ 138

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Peritonitis

Operated to drain abscess of ~~culdesac~~ (Culdesac) & in that way avoid peritonitis

Contributory: Abscess in culdesac - Involving left Tube and Ovary

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Jno. T. McLarney

Address of physician: Brookfield, Missouri

N. B.—Every item of information
CAUSE OF DEATH

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