

MAR 23 1931

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

Do not use this space.

4599

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Boone  
Township Edgar  
City Hartsburg

Registration District No. 76  
Primary Registration District No. 5110-13

2. FULL NAME Kege Felix 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 60 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathe Frances Blessie Burnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75      10      17

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Helper - Dept  
(b) General nature of industry, business, or establishment in which employed (or employer) 99  
(c) Name of employer M. K. and T. R. R.

9. BIRTHPLACE (CITY OR TOWN) James Town Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER John Burnett

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

12. MAIDEN NAME OF MOTHER Mathe

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

14. INFORMANT Edwin D. DeLaska  
(Address) Columbia Mo

15. FILED 3-2-31 W. H. Wender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25-1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to 2-25 1931  
(that last saw him alive on 2 \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

108 Lobar Pneumonia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.  
CONTRIBUTORY (SECONDARY) 108  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Symptoms  
(Signed) W. H. Wender, M. D.

2/25, 1931 (Address) Hartsburg, 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 Yeshew Boone Co Mo DATE OF BURIAL 2-26 1931

20. UNDERTAKER W. H. Wender ADDRESS Columbia, 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.

