

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

Do not use this space.

13905

1. PLACE OF DEATH

County Wagoner
Township Sugar Creek
City Gilman City, Mo.

Registration District No. 338
Primary Registration District No. 4201

File No.
Registered No.
St. Ward)

2. FULL NAME

Sarah 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
>6 8 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(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) Missouri

10. NAME OF FATHER John Cross

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

12. MAIDEN NAME OF MOTHER Sophia Payne

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

14. INFORMANT W. E. Burnett
(Address) Gilman City, Mo.

15. FILED 6/13/31 W. E. Burnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1930 to April 12, 1931
that I last saw her alive on April 12, 1931, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
mitral insufficiency
97%
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 97%
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. L. Warren, M. D.

, 19 (Address) Gilman City, 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 Gilman Cemetery DATE OF BURIAL April 14, 1931

20. UNDERTAKER W. D. Haines ADDRESS Gilman City

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. JUN 26 1931

