WHITE 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.

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

Do not use this space.

21479

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1472 — Registered No.

City K.C. — (No. Evangelical Hospital St. Ward)

**2. FULL NAME** Mrs. Fannie Burnworth

(a) Residence. No. 4409 Norton St., 16 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 2, 1909.

7. AGE: Years 22 — Months 3 — Days 12 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife 235

(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): Kansas City, Mo.

PARENTS

10. NAME OF FATHER: Mr. Ben Katz

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

12. MAIDEN NAME OF MOTHER: Eva Medov

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

14. INFORMANT: Mr. John S. Burnworth (Address) 4409 Norton

15. FILED 6/15, 1931 M. M. Crowe Asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14th 1931.

17. I HEREBY CERTIFY, That I attended deceased from June 12th, 1931, to June 14th, 1931, that I last saw her alive on June 14th, 1931, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

34 ~~[illegible]~~

36 Septicaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Septicaemia 1 week

Luetic Meningitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Other Residence

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) [signature], M.D.

6/15, 1931 (Address) 312 Shubert 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. CARMEL CEMETERY — DATE OF BURIAL: 6/15 1931

20. UNDERTAKER: H. TIGERMAN & SONS 819 — ADDRESS: E 31st.

312 [illegible]

12-Oct-[illegible]