WRITE 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.

AUG 26 1931

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

Do not use this space.

24812

1. PLACE OF DEATH
County: Grundy Registration District No.: 330 File No.:
Township: Primary Registration District No.: 3017 Registered No.:
City: Trenton (No. 1111, Franklin Ave St. Ward)

2. FULL NAME: Letha Juanita Burnett

(a) Residence, No. 1111 Franklin St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 17 Dec 1929

7. AGE: Years 1 | Months 7 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Missouri

FATHER
13. NAME: Willie Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edinburg Missouri

MOTHER
15. MAIDEN NAME: Floie McAtee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Willie Burnett Trenton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cook Creek Cem DATE: July 19, 1931

19. UNDERTAKER (ADDRESS): none.

20. FILED: July 18, 1931 E. A. Duffy. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 18 July, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11 July, 1931, to 18 July, 1931
I last saw her alive on 17 July, 1931. Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular meningitis	2 or 3 weeks.
23A	
24A	

Other contributory causes of importance: Tuberculosis of Lungs.

Name of operation: ✓ Date of:
What test confirmed diagnosis? Phys. Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. A. Duffy, M. D.
(Address) Trenton, Mo.