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

Do not use this space.

1. PLACE OF DEATH
County: Pettis — Registration District No.: 668 — File No.: 32108
Township: — Primary Registration District No.: 3032 — Registered No.: 271
City: Sedalia (No. 334 Randolph St. Ward)

2. FULL NAME: Un-named child of Cordelia 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.

SEP 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
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): 9-24-31

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

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Sedalia
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Cordelia Burnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Sedalia
(STATE OR COUNTRY): Mo.

14. INFORMANT: Dr. Frank R. Morley
(Address): Sedalia, Mo.

15. FILED 9-25, 1931 — J. G. Lore, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9-24 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-24, 1931, to 9-24, 1931, that I last saw h. w alive on 9-24, 1931, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

5 months
Premature Foetus
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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) Frank R. Morley M. D.
Sep 25 1931 (Address) Sedalia 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: Sedalia, Mo — DATE OF BURIAL: 9-25 1931

20. UNDERTAKER: Art Burnett — ADDRESS: Sedalia 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.