

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.

43131

1. PLACE OF BIRTH

County Hodgdon
Township Rickland
City (No. _____) _____

Registration District No. 839
Primary Registration District No. 6101

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME

Sotti May 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. (If nonresident, give city or town and State)

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) Jan 20, 1916

7. AGE YEARS 5 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Kidron, Mo.

13. NAME Thomas C. Burnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Leinie Pullinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Harry Burnett (ADDRESS) Parma, Mo.

18. BURIAL, ~~ONCE~~ PLACE Taylor Cem. DATE 12-24-31

19. UNDERTAKER Hot Bros (ADDRESS) Wagoni Mo.

20. FILED 12-29-31 J. P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1931, to Dec 23, 1931.

I last saw him alive on Dec. 23, 1931. Death is said to have occurred on the date stated above, at 3.9 m.

The principal cause of death and related causes of importance were as follows:

Diphtheria Date of onset _____

10 10 Mo

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause (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) J. P. Brandon, M. D.

(Address) Parma, Mo.

