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.

MAR 25 1932

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

Do not use this space.

5918

1. PLACE OF DEATH

96 County St. Louis, Registration District No. 784

Township ~~Central~~ St. Ferdinand Primary Registration District No. 6830

City ~~Pinelawn~~ Ferguson (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mr. Neil Burnett

(a) Residence. No. 302 St. Louis Ave. St., Ferguson Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1899.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	9	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe-Cutter 86

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mt. Vernon 2
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Frank Burnett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Vernon
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Vernon
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Neil Burnett
(Address) 302 St. Louis Ave - Ferguson, Mo.

15. FILED 3/5, 1932 Emma J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 27 1932

17. I HEREBY CERTIFY, That I attended deceased from about 3 years, 19..., to February 24, 1932 that I last saw him alive on February 24, 1932, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis generalized through both lungs and throat. Duration about 2 or 3 years.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tuberculosis - Intestinal infection, causing protracted diarrhea, duration, 2 mo. - Inanition. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At home

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Luke B. Simmons, M. D.

2/25, 1932 (Address) 3718 Jennings Rd.

*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	DATE OF BURIAL
Calvary Cemetery	Feb. 27 1932
20. UNDERTAKER	ADDRESS
Edw. F. Howard & Sons	4212 St. Louis Ave.