

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

Do not use this space.

8217

1. PLACE OF DEATH

44 County St. Louis Registration District No. 372 File No. _____
Township Burns Primary Registration District No. 5518 Registered No. 747
City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME

Anna Elizabeth Burnett St. _____ Ward _____
(a) Residence, No. _____ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Fred Burnett 1871
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Holt Co. Mo. 1

MOTHER FATHER
13. NAME Jacob Bohart

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

15. MAIDEN NAME Martha Anna Schum

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

17. INFORMANT (ADDRESS) Russell Burnett
Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke DATE 3-8 1932

19. UNDERTAKER (ADDRESS) W. H. Crawford
Mound City Mo.

20. FILED 3-8-32 J. O. Tracy Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932 to March 6, 1932
I last saw her alive on March 5, 1932 Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Felvar Pneumonia
108 79A 108
Other contributory causes of importance: _____
March 4 1932

Name of operation _____ Date _____
What test confirmed diagnosis? Ext laboratory

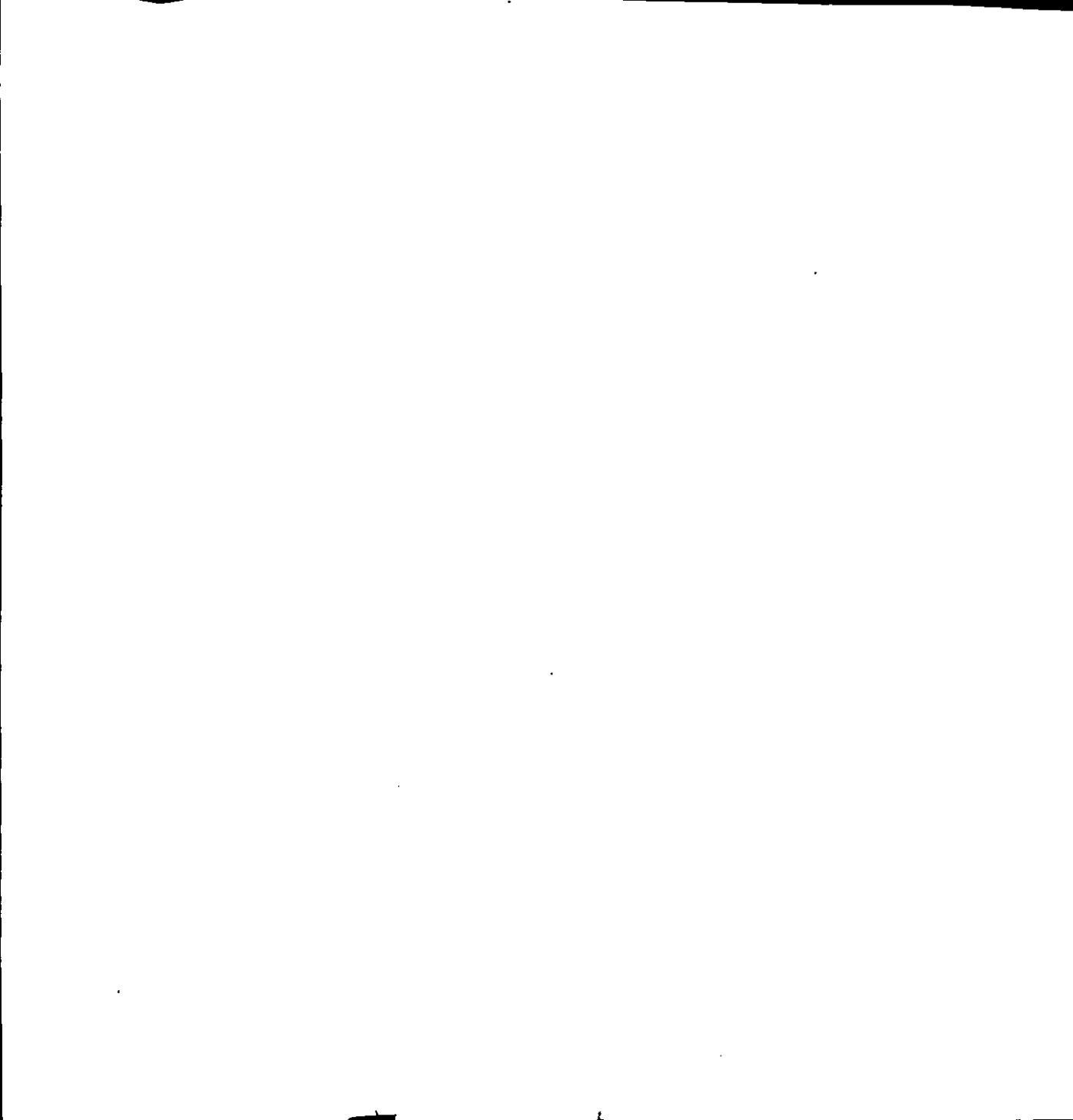
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Del Ferry, M. D.
(Address) Mound City, Mo.

APR 26 1932

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dalt
Township Benton
City (No)

Registration District No. 372
Primary Registration District No. 3518

File No.
Registered No. 747
St. (Ward)

2. FULL NAME

Anna Elizabeth 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1932

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

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 1871

I last saw h. alive on, 19..... Death is said to have occurred on the day, m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>X</u>	<u>60</u>	<u>X</u>	<u>11</u>	<u>7</u>

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Date of onset

13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

Manner of injury

19. UNDERTAKER (ADDRESS)

Nature of injury

20. FILED May 9 1932 J. Tracy Registrar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed), M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

GROUP OF DEATH IN PHARM TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCASION IS IMPORTANT.

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