

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

Do not use this space.

15618

**1. PLACE OF DEATH**

24  
2  
4

County Clay Registration District No. 198  
Township Fishing River Primary Registration District No. 3011  
City Excelsior Springs, Mo. Veterans Hospital St. 3rd Ward

File No. \_\_\_\_\_  
Registered No. 70  
St. 3rd Ward

**2. FULL NAME**

BURNETT, Ivory

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 1611 Chestnut St., St. Louis, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1889

7. AGE YEARS 43 MONTHS 0 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. laborer 237  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

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

FATHER 13. NAME Will Burnett

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

MOTHER 15. MAIDEN NAME Teeney C. Hunt

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

17. INFORMANT Veterans Hospital records, Excelsior Springs, Mo.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sherrall Arkansas DATE May 31, 1932

19. UNDERTAKER Herbert Hoke  
(ADDRESS) Excelsior Springs Mo

20. FILED May 30, 1932 G. D. Johnson  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1932 to May 30, 1932, 19

I last saw him alive on May 30, 1932, 19. Death is said

to have occurred on the date stated above, at 3:30 A.M.

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

Chronic pulmonary tuberculosis Date of onset

Active  
23A 23 1

Other contributory causes of importance: none

Name of operation none Date of none

What test confirmed diagnosis? exam & Obs Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19

Where did injury occur? none (Specify city or town, county, and State)

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

or none

Manner of injury none

Nature of injury none

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

If so, specify Army U.S. Army

(Signed) Excelsior Springs, Mo. M. D.

(Address)

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.

MAY 21 1932

