

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. ....

Township.....

Primary Registration District No. ....

City H. Lewis,

(No. 4441)

Grace Ave

File No. ....

42593

Registered No. ....

11736

St. ....

Ward

**2. FULL NAME**

Sarah E. Burt

(a) Residence, No. ....

4441 Grace

St. ....

15 Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Henry Burt

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

April 18 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

abt. 82

unk

OCCUPATION

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

House Wife

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)

mo 1

13. NAME

unk

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

unk 31

15. MAIDEN NAME

unk

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

unk

17. INFORMANT

(ADDRESS)

Jessie Burt 4441 Grace

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Montgomery City, Mo

DATE

Jan. 1 1932

19. UNDERTAKER

(ADDRESS)

Hopkins Und Co Montgomery City, Mo

20. FILED

DEC 30 1932

Max C. [unclear] Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932, to Dec 29 1932

I last saw him alive on Dec 29 30 1932 Death is said to have occurred on the date stated above, at 11 A.M.

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

Influenza

Date of onset 12-23-32

Other contributory causes of importance:

Hypertension

①

Name of operation.....

Date of.....

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

23. If death was due to external causes (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)

Robert J. Sanders

M. D.

(Address) 1452 N. 15

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.

