

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

Do not use this space.

4484

1. PLACE OF DEATH

County Winnon Registration District No. 875
Township Centennial Washington Primary Registration District No. 6162
City Newada Mo (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 1
_____ St. _____ Ward _____

2. FULL NAME

Malley Burnett
(a) Residence, No. Hotel Hospital #2 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13 / 1909
7. AGE YEARS 23 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (invalid)
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) Bates Co. Mo.

13. NAME Henry T. Burnett

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

15. MAIDEN NAME Juna May Ogden

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

17. INFORMANT Mrs. Henry Pleasant (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Mo. DATE Jan. 6. 1933

19. UNDERTAKER Mark C. King (ADDRESS) Newada, Missouri

20. FILED 1-12 19 33 E. R. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1932 to Jan. 5 1933
I last saw him alive on 11 1933. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

lobar pneumonia Date of onset 11/33
108
108
Other contributory causes of importance: Epilep. deterioration x

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) T. T. O'Rell, M. D.
(Address) Newada, Mo.

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.

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1933

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the land in question.

The land in question is situated in the County of [County Name],
 State of [State Name]. It is a parcel of land containing
 approximately [Area] acres.

The land was originally acquired by [Name] in the year
 [Year]. It was then transferred to [Name] in the year
 [Year].

The land is currently owned by [Name], who is the
 holder of the title. The land is being offered for sale
 by the Department of the Interior.

The land is situated in a rural area and is suitable for
 agricultural purposes. It is surrounded by other land
 owned by [Name].

The land is being offered for sale at a price of
 [Price].

The land is being offered for sale on the following
 terms:

- 1. The land is to be sold to the highest bidder.
- 2. The purchase price is to be paid in cash.
- 3. The land is to be sold without any warranties or
 representations.

The land is being offered for sale on the following
 date: [Date].

The land is being offered for sale at the following
 location: [Location].

The land is being offered for sale by the Department of
 the Interior, Bureau of Land Management.