

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

Do not use this space.

8818

1. PLACE OF DEATH

County Cedar
Township El Dorado Spgs.
City El Dorado Spgs. (No.)

Registration District No. 163
Primary Registration District No. 40951

File No.
Registered No. 23
St. Ward)

2. FULL NAME

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Burnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 20 1846</u>		
7. AGE <u>86</u>	YEARS <u>11</u>	MONTHS <u>28</u>
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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>James Burnett</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Katherine Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
FATHER	17. INFORMANT (ADDRESS) <u>Mrs. Mary Burnett, El Dorado Spgs. Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bronson, Kan.</u> DATE <u>Mar 20 1933</u>
	19. UNDERTAKER (ADDRESS) <u>Mrs. Carolyn Nafus, El Dorado Spgs. Mo.</u>
	20. FILED <u>3-19-</u> 1933 <u>C. Dawson</u> Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 18 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1933, to Mar 18 1933
I last saw him alive on Mar 18 1933 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Arteriosclerosis

Other contributory causes of importance:
Arteriosclerosis

Name of operation ✓ Date of Mar 16 1933
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 Mar 18 1933
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 no
(Signed) V. B. Peyton M. D.
(Address) El Dorado Spgs.

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 6 1958

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