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

Do not use this space.
10541

1. PLACE OF DEATH
County: Ozark — Registration District No.: 651
Township: Gentry — Primary Registration District No.: 4388
City: Carthageville (No. ..... St. ..... Ward)

File No. .....
Registered No. 32

2. FULL NAME: J. F. Burnett

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Beulah Burnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-10-1866

7. AGE: Years 66 — Months 10 — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General
10. Date deceased last worked at this occupation (month and year): Feb. 1933
11. Total time (years) spent in this occupation: 8 yr.

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

FATHER
13. NAME: Jno Henry Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Bettie Dawson, Carthageville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Cemetery DATE: 3-26-1933

19. UNDERTAKER (ADDRESS): E. L. Smith, Carthageville Mo

20. FILED: April 4, 1933 Ada Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-25-1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1933, to Mar 26, 1933
I last saw him alive on Mar 23, 1933. Death is said to have occurred on the date stated above, at Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) J. B. Luten, M. D.
(Address) Carthageville Mo

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 OCCUPATIONS is very important.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD