

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.

JUN 23 1933

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

Do not use this space.

17228
30

1. PLACE OF DEATH
 County MONROE Registration District No. 582
 Township _____ Primary Registration District No. 4344
 City PARIS (No. _____ St. _____ Ward _____)

2. FULL NAME LETA MARY 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 41 yrs. 8 mos. 20 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 22 1891

7. AGE YEARS 41 MONTHS 8 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NEWSPAPER

10. Date deceased last worked at this occupation (month and year) APRIL 1933 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) PARIS (STATE OR COUNTRY) MO.

FATHER 13. NAME CHAS. A. BURNETT.

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

MOTHER 15. MAIDEN NAME MARY GATSON

16. BIRTHPLACE (CITY OR TOWN) MONROE CO. (STATE OR COUNTRY) MO.

17. INFORMANT Chas. A. Burnett (ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE MAY 21 1933

19. UNDERTAKER SPEED-BLAKEY (ADDRESS) PARIS, MO.

20. FILED MAY 20 1933 W. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 20 1933 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to May 20 1933
 I last saw her... alive on MAY 20 1933 Death is said to have occurred on the date stated above, at 11:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Cardiogenic Shock
5 2 13
 Other contributor causes of importance _____
 Date of onset N.A.

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? Yes

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? Yes
 If so, specify Yes
 (Signed) Geo. M. Reynolds M.D.
 (Address) PARIS, MO

