

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

Do not use this space.

28500

1. PLACE OF DEATH

100 County Scott Registration District No. 874 File No. 74
 Township Richland Primary Registration District No. 6070 Registered No.
 City Sikeston Mo (No. _____) St. _____ Ward _____

2. FULL NAME Nettie Burns

(a) Residence, No. R. 1 - D. 231 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED WIFE OF J. T. Burns
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16 - 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 11 17

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. Housewife
 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) Kentucky

13. NAME Coleman B. Sted

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. J. T. Burns (ADDRESS) Sikeston R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Marley DATE 8-4

19. UNDERTAKER Charleston Fun. Co (ADDRESS) Charleston Mo

20. FILED 8/11/33 Walter E. Burns

MEDICAL CERTIFICATE OF DEATH // 60 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 3, 1933
 I last saw her alive on Aug 30, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Erysipelas of left leg
 15
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) Edward M. Meade, M. D.
 (Address) Sikeston 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.

AUG 26 1933

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