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

Do not use this space.

30484

File No.

Registered No.

78

1. PLACE OF DEATH
County: Pemiscot
Township: Virginia
City: Steele MO R-1 (No. ..... St. ..... Ward)

Registration District No. 655
Primary Registration District No. 5877

2. FULL NAME: May Burdie Burnett

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-14-33

7. AGE: YEARS ..... MONTHS 7 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hensleyway Mo

FATHER
13. NAME: C. B. Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldorado Ark

MOTHER
15. MAIDEN NAME: Gracie Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eldorado Ark

17. INFORMANT (ADDRESS): C. B. Burnett Steele Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Holly Grove DATE: 9-27, 1933

19. UNDERTAKER (ADDRESS): —

20. FILED 10/1, 1933 Max L. Terry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/26/33, 19..., to 9/26/33, 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malaria	
38 38	

Other contributory causes of importance:

Name of operation: None Date of: —
What test confirmed diagnosis? Symptoms 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) H. W. Dennis, M. D.
(Address) Steele 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 OCCUPATION is very important.

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

U. S. No. 2.