Parcel

JAN 26 1934

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

Do not use this space.

39047

1. PLACE OF DEATH
4 County Audrain
Township Wilson
City ..... (No. ....., ... Ward)

Registration District No. 72
Primary Registration District No. 5037

File No. .....
Registered No. 34

2. FULL NAME Ira Charles 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Branch Co Mich

FATHER

13. NAME Ariston Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ann Arbor Mich.

MOTHER

15. MAIDEN NAME Ellen McIntyre
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co Mo.

17. INFORMANT (ADDRESS) J. H. Burnett Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centralia Mo DATE 12-4 1933

19. UNDERTAKER (ADDRESS) M. J. McDonald Centralia Mo

20. FILED 12/4 1933 J. T. Hickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch 4 1932, to Dec 2 1933
I last saw him alive on Dec 2 1933. Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Asthma — Date of onset 12-1-1933
97
112

Other contributory causes of importance:
Arteriosclerosis

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) C. C. Farmer, M. D.
(Address) Centralia 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.