

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

Do not use this space.

19175

1. PLACE OF DEATH

County Scott Registration District No. 821
Township Wesley Primary Registration District No. 6070
City Sebaston (No. _____) St. _____ Ward _____

File No. 60
Registered No. _____

2. FULL NAME Isaac Newton Burnitt

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE <u>Malinda Ellen Burnitt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18 - 1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ballard Co Kentucky</u>		
FATHER	13. NAME <u>Lucas Leroy Burnitt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Hautchenow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lynchburg Carolina</u>	
17. INFORMANT (ADDRESS) <u>Beat Shuffert</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boyerman Cemetery</u> DATE <u>May 5 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Clark</u>		
20. FILED <u>5/11</u> 19 <u>34</u> <u>Halter E. Derris</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2 1934, to May 5 1934.
I last saw him alive on May 5 1934. Death is said to have occurred on the date stated above, at _____ am.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Coronary Sclerosis
Other contributory causes of importance:
93C

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? no
If so, specify _____
(Signed) Howard M. Kendry, M. D.
(Address) Sebaston 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.

JUN 27 1934

THIS IS A PERMANENT RECORD

