AUG 16 1935

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

Do not use this space.

23391

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No. 408

Township — Primary Registration District No. 3020

City: Carthage Mo (No. 622 E. 3rd St. St. Ward)

2. FULL NAME Joseph Enoch Burnett

(a) Residence, No. 622 E. 3rd St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rebeca Jane Stella

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16th 1852

7. AGE: Years 83 — Months 1 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret 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): Centralia Ill

FATHER

13. NAME: John Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Adaline Fields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mrs Josephy E. Burnett 622 E. 3rd St.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hackney Cemetery DATE: July 28th 1935

19. UNDERTAKER (ADDRESS): Ulmer Drake Carthage Mo.

20. FILED: July 29, 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1932, to July 26, 1935. I last saw him alive on July 26, 1935. Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset (?)

Other contributory causes of importance: Senility, arteriosclerosis, Hypertension

Name of operation: none Date of

What test confirmed diagnosis: Physical 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.
None
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George H. Ward, M. D.
(Address) Carthage 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.

THIS IS A PERMANENT RECORD