

JAN 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

City St. Joseph

File No. 41103

Registered No. 10310

St. Ward

2. FULL NAME

(a) Residence, No. 2846 Pearl Burriette St. Ward 17

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) St. Louis Mo

MOTHER FATHER 13. NAME Bessie Phillips

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

15. MAIDEN NAME Jessie Lacy

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

17. INFORMANT Joseph J. Bredeck (ADDRESS) City St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vernon DATE Dec 8, 1935

19. UNDERTAKER Allen W. McLaughlin (ADDRESS) 2306

20. FILED 6 1935 19 St. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1935

I HEREBY CERTIFY, That I attended deceased from

11:30, 1935, to 12:5, 1935

I last saw him alive on 12/5, 1935. Death is said

to have occurred on the date stated above, at 11:55 a.m.

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

Carcinoma uterus
Laparotomy 12/5/35
Generalized metastasis

Date of onset

Other contributory causes of importance: 48

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) A. E. Ottum, M. D.

(Address) City St. Joseph

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.

