

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

Do not use this space.

MAR 23 1936

1. PLACE OF DEATH

County Madison
Township
City Lallata (No. _____)

Registration District No. 537
Primary Registration District No. 4218

File No. 6753
Registered No. _____
St. _____ Ward _____

2. FULL NAME Zacharia Burnett

(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

MEDICAL CERTIFICATE OF DEATH

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 Sadie Burnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1872

7. AGE YEARS 63 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Varva

FATHER 13. NAME Thomas Burnett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER 15. MAIDEN NAME Elizabeth Sabarice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Varva

17. INFORMANT (ADDRESS) Sadie Burnett
Lallata Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon Varva DATE Feb 25 1936

19. UNDERTAKER (ADDRESS) Dr. Christie
Lallata

20. FILED Feb 24 1936 Dr. O. B. Griffin
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1936

I HEREBY CERTIFY That I attended deceased from Jan 23 1936 to Feb 22 1936
I last saw him alive on Feb 21 1936 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:
Cardiac Decompenation Date of onset

Other contributory causes of importance:
Mitral Stenosis
Chronic Glomerula
Nephritis

Name of operation none Date of _____
What test confirmed diagnosis? lab. test Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no injury
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Robert H. Gilbert M.D.
(Address) La Plata Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified.

