

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.

NOV 23 1936

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

Do not use this space.

37218

1. PLACE OF DEATH

County DeKalb Registration District No. 261
Township Washington Primary Registration District No. H160
City Steubenville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 19

2. FULL NAME Isabelle 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C Burnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 1856
7. AGE YEARS 80 MONTHS 6 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Campton Providence
(STATE OR COUNTRY) Ontario Canada13. NAME William Robinson14. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY)15. MAIDEN NAME Martha Lindsey16. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY)17. INFORMANT Shelby Thornton
(ADDRESS) Steubenville Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Hedgesville DATE Oct. 31, 193619. UNDERTAKER J. J. Brown
(ADDRESS) Steubenville Mo.20. FILED 10-30 19 36 J. E. Saunders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-29 19 3622. I HEREBY CERTIFY, That I attended deceased from March 1, 1926 to Oct-29, 19 36I last saw her alive on Oct-28, 19 36 Death is saidto have occurred on the date stated above, at 8³⁰ a.m.

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

Cocciemia of liver Date of onset _____

Other contributory causes of importance: _____

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) M. S. Gale, M. D.(Address) O. S. Larn M.D.

