

DEC 20 1936

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

Do not use this space.

41309

1. PLACE OF DEATH

County Jackson
Township Flour
City Maings City (No. 2314)

Registration District No. 399
Primary Registration District No. 1002

File No. 4000
Registered No. 4000
St. _____ Ward _____

2. FULL NAME

Benjamin L. 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 11 16

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

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) Mo

13. NAME John Burnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Ida Ellen Burnett (ADDRESS) 2214 1/2 St, Maings, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flour Hill DATE Nov. 17 - 1936

19. UNDERTAKER Mrs. C. L. Jantner (ADDRESS) 918 Broadway, Maings, Mo

20. FILED Nov. 16, 1936 M. M. Ordway Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1936, to 11-16, 1936.
I saw him alive on 11-16, 1936. Death is said to have occurred on the date stated above, at 4:55 a.m.

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

Coronary thrombosis

arterio sclerosis

hypertension arterial

Other contributory causes of importance:

arterio sclerosis

Date of onset

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 _____, 1936

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) A. J. [Signature], M. D.

(Address) 1225 [Address]

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.

Griffith
Dr. Comings a Griffith
Rialto Bldg.
Vi - 3647
100 till 5:00

16