

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

Do not use this space.

**AUG 26 1937**

**1. PLACE OF DEATH**

County Mississippi  
Township Charleston  
City Charleston (No. 3)

Registration District No. 566  
Primary Registration District No. 5762

File No. 27811  
Registered No. 131

**2. FULL NAME**

(a) Residence, No. 3 St. 3 Ward. 1

(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND (OR) WIFE OF Clarence Douglas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	21	0	90	

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) (STATE OR COUNTRY) Mississippi

13. NAME Walter Burnett

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

15. MAIDEN NAME Walt -

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss -

17. INFORMANT (ADDRESS) Walter Burnett Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rush Ridge Cem. DATE July 14 1937

19. UNDERTAKER (ADDRESS) Frank Linn Funeral Service Charleston - Mo.

20. FILED 7-14-1937 J. D. Vernon Registrar.

**MEDICAL CERTIFICATE OF DEATH 7:00 PM**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 37 to July 14 37.  
I last saw h. FR alive on July 14 1937 Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Septicemia Date of onset D.K.

Miscarriage 140 D.K.

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis? Cl. Symb. 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.

Manner of injury !

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Chas. Linn M. D.

(Signed) Chas. Linn (Address) Charleston 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.

31

