

Dr. Boland

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

Do not use this space.

OCT 21 1937

1. PLACE OF DEATH

County Mississippi  
Township Wolf Island  
City (No. ) (St. ) (Ward)

Registration District No. 567  
Primary Registration District No. 5167

File No. 34808  
Registered No. 71

2. FULL NAME Taber Burnett

(a) Residence, No. (Usual place of abode) St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fonzy Barnett

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1937 to Sept 18, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1902

I last saw h. R. alive on Sept 18, 1937 Death is said to have occurred on the date stated above, at 6:30 P.M.

7. AGE YEARS 45 MONTHS DAYS 5 If LESS than 1 day, hrs. or min.

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

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

Date of onset

Typhoid fever D.H. about 3:00 P.M.

Other contributory causes of importance: |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tupila, Mississippi

Name of operation none, Date of

13. NAME Taber Sargent

What test confirmed diagnosis? Medal Was there an autopsy? no

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

15. MAIDEN NAME Lizabth Schumert

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Fonzy Barnett (ADDRESS) Wolf Island, Mo

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Sept 19, 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) Miss Shelby

(Signed) E. Char Fleming, M. D.

20. FILED Sept 23, 1937 Fannie Hodges Registrar

(Address) Charleston, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION  
FATHER  
MOTHER

