

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

Do not use this space.

NOV 17 1937

37390

1. PLACE OF DEATH

County Cass Registration District No. 156
Township Peculiar Primary Registration District No. 5220 File No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Susie Burlett

(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 4 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. H. Burlett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1868</u>		
7. AGE	YEARS	MONTHS
<u>62</u>	<u>69</u>	<u>10</u>
		DAYS
		<u>4</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic of Co. Home</u>	
	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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1937, to 10-28, 1937
I last saw her alive on Oct 28, 1937 Death is said to have occurred on the date stated above, at 10:00 m.

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

Cholera 4 days

Other contributory causes of importance:
Paralysis of body & following cerebral hemorrhage a few days

Name of operation _____ Date of _____
What was confirmed diagnosis? _____ Was there 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 _____
(Sign _____ M. D.
(Address _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Daniel Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

15. MAIDEN NAME Jean McCracken

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

17. INFORMANT (ADDRESS) Co Home Record Mo Harrisonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient Cemetery DATE 10/28, 1937

19. UNDERTAKER (ADDRESS) Rennenburger's Mo Harrisonville

20. FILED Nov 10, 1937 E. H. Giffith Registrar.

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

