

JAN 15 1938

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

Do not use this space.

17

1. PLACE OF DEATH

County Calderwood  
Township Grant  
City Kingston (No. \_\_\_\_\_)

Registration District No. 99  
Primary Registration District No. 5-146

File No. 44888  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME

Sandusky Burnett 653

(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 33 yrs. < mos. < ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Hurt Burnett  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 + 8 + 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Scott County Tenn.

MOTHER 13. NAME Joe Burnett

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Rosa Gardner Kingston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mobile, Mo. DATE 1-2- 1938

19. UNDERTAKER (ADDRESS) Cramer Clark Kingston, Mo.

20. FILED Jan 8 1938 Miss Wylie Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1938

22. I HEREBY CERTIFY, that I attended deceased from Nov. 1934, to Jan. 1, 1938

I last saw h. l. alive on Dec. 30, 1937. Death is said to have occurred on the date stated above, at 3:10 a.m.

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

Cerebral Sclerosis (acute) (chronic) Date of onset Dec. 1937  
Generalized Arteriosclerosis years ago  
Cerebral Thrombosis (arteriosclerotic) Dec. 1937

Other contributory causes of importance  
Hypertrophic Prostatitis years ago  
Chronic Myocarditis (arteriosclerotic) years ago

Name of operation none Date of \_\_\_\_\_

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 \_\_\_\_\_

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

If so, specify \_\_\_\_\_ (Signed) J. E. Goldberg, M. D.  
(Address) Pal, 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.

