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.

REC'D JUN 15 1938

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

Do not use this space.

18773

1. PLACE OF DEATH

County Linn — Registration District No. 498 — File No. 3

Township Bucklin — Primary Registration District No. 5663 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Alexander Burnett 652

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Conklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1863.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	9	17	

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) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrol County, Va.

FATHER

13. NAME Thomas Jefferson Burnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrol County, Va.

MOTHER

15. MAIDEN NAME Sarah Bowers,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrol County, Va.

17. INFORMANT (ADDRESS) Mrs. Katherine Burnett Bucklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyandotte Cametary DATE May 31, 1938

19. UNDERTAKER (ADDRESS) Larson Funeral Service Bucklin Mo

20. FILED May 31, 1938 J. L. Cantwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/19, 1934 to 5/29, 1938

I last saw him alive on 5/28, 1938. Death is said to have occurred on the date stated above, at 4:20 p. m.

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

Carcinoma of duodenum

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 .....

(Signed) W. C. Gruart & Co. M.D.

(Address) Bucklin, Mo.