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 JUL 15 1938

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

Do not use this space.

22043

1. PLACE OF DEATH

County: Jackson — Registration District No.: 398 — File No.:

Township: Blue — Primary Registration District No.: 5554 — Registered No.: 183

City: Independence (No.) Blue Rd. & Van Horn Rd. (Ward)

2. FULL NAME: Zebelon Vance Burnett 653

(a) Residence, No. 9523 East 13 St. Ward.
(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: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Anna Burnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 29 1888

7. AGE: Years 50 — Months 3 — Days 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dearborn Missouri

FATHER

13. NAME: David H. Burnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record North Carolina

MOTHER

15. MAIDEN NAME: Virginia Arthur

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dearborn Missouri

17. INFORMANT (ADDRESS): Mrs. Anna Burnett 9523 East 13 St.

18. BURIAL, CREMATION, OR REMOVAL: Oakland Home Cemetery
PLACE: Leavenworth Kas. DATE: July 1, 1938

19. UNDERTAKER (ADDRESS): George E. Carson Independence, Mo.

20. FILED: 7-1-1938 — Registrar: 360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.... I last saw him alive on ..., 19.... Death is said to have occurred on the date stated above, at 8:30 P.M.

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

	Date of onset
Coronary Occlusion	
Coronary Sclerosis	14 Yr.

Other contributory causes of importance:

Lyst under Postum hour of Corpus Callosum

Name of operation: None — Date of:

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

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?
If so, specify

(Signed) H. Carson M. D.
(Address) Independence