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

REC'D SEP 27 1938

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

Do not use this space.

29685

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 235

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. Bothwell Hosp St. Ward)

2. FULL NAME Johnny H Burnfin 651

(a) Residence No. Trustee RR #1 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1929

7. AGE: YEARS 9 — MONTHS 2 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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) Benton Co. Missouri 0

FATHER

13. NAME Chas. Burnfin Jr. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Opal Phegley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Chas Burnfin Trustee Mo RR #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Camp Ground DATE 8 - 3 - 1938

19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia

20. FILED 8 - 1 - 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to Aug 1, 1938
I last saw him alive on July 31, 1938. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Tetanous — Date of onset

J. L.

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident — Date of injury July 20 1938
Where did injury occur? ~~Sedalia~~ Benton Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury Slight cut in left foot
Nature of injury Cut foot

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M P Slack, M. D.
604 (Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/9/38