BUREAU OF V	E BOARD OF HEALTH  Do not use this space.  VITAL STATISTICS  ATE OF DEATH
1. PLACE OF DEATH	3358
County Worth Begistration Distr	rict No. File No.
Township Hildlefork Primary Registrati	tion District No
City (No,	St
2 FULL NAME Jemirah Burnett	653
(a) Residence, NoS	BL.,
(Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.	(If nonresident, give city or town and St. ds. How long in U. S., if of foreign birth? yrs. mos.
	II.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Kale   White	22. I HEREBY CERTIFY, That / attended decease
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF O	1 25 , 1938, to 1 25
(OR) WIFE OF Calharuse grund	I last saw h Accalive on Apf 2 4 Dea
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have occurred on the date stated above, at
7. AGE YEARS MONTHS DAYS II LESS than 1 day,hrs.	
	aceto Unem ca
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	1
F 9 Industry or husiness in which	
work was done, as slik mill, saw mill, bank, etc.	
0 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN) North Porcide 0	OA / Lite
(STATE OR COUNTRY)	
13. NAME James Mourau Parett.	Name of operation Date of
14. BIRTHPLACE (CITY OR TOWN) WOLL CALLED (STATE OR COUNTRY)	What test confirmed diagnosis? Was there an autopsy?
x Ma il 1	23. If death was due to external causes (violence), fill in also the follow
15. MAIDEN NAME Many Jakoson	Accident, suicide, or homicide? Date of injury
0 16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur?(Specify city or town, county, and State
M M	Specify whether injury occurred in industry; in home, or in public place.
17. INFORMANT A LOCAL COMMENTS	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury.
PLACE DATE 0-193	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Yaya Calana	If so, specify
(ADDRESS) Wash (Co	(Signed)
20. FILED /1 - 4 19 c) 1 2 2 1/1/10 // 1	82 MAddress Frank at 140

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AS PRESCRIBED BY LAW. Local Registrar. 20. FILED.

FILL IN ANSWERS TO ALL SPACES MISSOURI STATE	BOARD OF HEALTH
CHECKED IN RED PENCIL. BUREAU OF V	TITAL STATISTICS ATE OF DEATH  33 J86
$I/I(n + I + I_0)$	Do not use this space.
ticgistration ivisti	ct No
	on District No Registered No
	ccurred in Hospital or Institution, write its name instead of street and number)
(c) Length of residence in city or town where death occurred yrs. mor	s. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
PRINT FULL NAME JEMURA BU	inett
(a) Residence, No	or city) (If nonresident, give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) SO 1 25 . 1938
m w	22. I HEREBY CERTIFY, That I attended deceased from
A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	19 to, 19,
(OR) WIFE OF	Hast saw h alive on
DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have occurred on the date stated above, atm.
AGE YEARS MONTHS DAYS If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:
86 —   / ormin.	Date of anset
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	acas vance
9. Industry or business in which work	and the state of t
was done, as saw mill, bank, etc.	Carrie Off Currie
10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	The second of th
year) occupation occupation	
2. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Other contributory causes of importance:
(5-m2 50 505mm)	a ama per corre
13. NAME	
14. BIRTHPLACE (CITY OR TOWN)	
(STATE OR COUNTRY)	Name of operation
15. MAIDEN NAME	
4	23. If death was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur?
	(Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place.
7. INFORMANT (ADDRESS)	Deerly whether rainty occurred in analysis in about of the public plants.
	Manner of injury
8. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19	Nature of injury
PLACEDATE!9	24. Was disease or injury in any way related to occupation of deceased?
9. FUNERAL DIRECTOR(ADDRESS)	II so, specify
(neuma)	(Signed), M. D.
0. FILED	(Address) Seaux Edy mo
Local Registrar,	

1. PLACE OF DEATH / .;	BUREAU OF VITAL S' CERTIFICATE OF D		Po pot use this space.
(a) County World	Registration District No	1/12	Do not use this space.
	Triplary Registration District	No. 6213	Registered No.
(c) City	(d) Street No.	- ·	_
(e) Length of residence in city or town where death o	(If death occurred in	Hospital or Institution, write (f) How long in U. S., if o	its name instead of street and numb foreign birth? .yrs. mos.
() ppg :	1 2	1	rioreign buttur 1313. most
2. PRINT FULL NAME	a oscine	<u> </u>	,
(a) Residence, No(Usual place of abode, if no st	reet address, write county or city)	St. (If nonres	ident, give city or town and State)
PERSONAL AND STATISTICAL PA			
	MARRIED, WIDOWED, OR	MEDICAL CERT	IFICATE OF DEATH
		E OF DEATH (MONTH, DAY, AN	O YEAR COLLET 2 (
m	22. 1	HEREBY CERT	IFY, That I attended decease
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	4 201	<b>44</b>	e, to
(OR) WIFE OF MALL (W)	I last sav	w halive or	,19 Deat
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have	occurred on the date stated a	
7. AGE YEARS MONTHS DAY	S If LESS than 1 The prin	icipal cause of death) and rel	ated causes of importance were as
86   -   7	ormin.	o XXX 7	Date
Z 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	uc	Lacer in	rlnua
9. Industry or business in which work		<u> </u>	<i></i>
was done, as saw mill, bank, etc	<i> </i>   ,	gryen	chipy ones
<ul> <li>O   this occupation (month and sp</li> </ul>	otal time (years)	V Sele Space	for the clusing
0 year) oo	ccupation	THESENIS	relepiontal
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	Otper co	entributory causes of imports	ice: /
(STATE OR COORTER)			131:
II. NAME			1 7
14. BIRTHPLACE (CITY OR TOWN)	A A P		
E (STATE OR COUNTRY)	<i>A</i> 11 12 1		Date of
L 15. MAIDEN NAME			Was there an autopsy?
II-	<i>y</i> '		es (violence), fill in also the followi
16. BIRTHPLACE (CITY OR TOWN)	<b>\</b>	i, suicide, or homicide?id injury occur?	Date of injury
- I (SINIE ON COOKINI)		(Spe	cify city or town, county, and State
17. INFORMANT	Specify w	wnether injury occurred in inc	lustry, in home, or in public place.
(ADDRESS)	Manner e	of injury	
18. BURIAL, CREMATION, OR REMOVAL		f injury	
PLACE DATE		disease or injury in any way	related to occupation of deceased?
19. FUNERAL DIRECTOR	If so, spe		7
(ADDRESS)	(Sign	ned) YUSI	much
20. FILED / 0-4 1938 Free /	IVI (/V    · · ·	1 1/1/2	7 8 / 4