

REC'D APR 11 1939

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

Do not use this space.

10933

1. PLACE OF DEATH

County Boone
Township Cedar
City 653 (No.)

Registration District No. 71
Primary Registration District No. 5110A

File No.
Registered No. 7 St. Ward)

2. FULL NAME Lemual L. Burnett

(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 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 Cora Burnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/27/ 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 5

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) Missouri

13. NAME Vernil Burnett

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

15. MAIDEN NAME Martha Ann Martin

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

17. INFORMANT Cora Burnett (ADDRESS) Ashland Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE 3/5/1939

19. UNDERTAKER Ashland Undt. Co. (ADDRESS) Ashland Missouri

20. FILED Apr 7 1939 Frances Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:00 A.M.

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

Suicide from nervous
break down

Other contributory causes of importance: 167

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

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury..... 19.....

Where did injury occur? in the home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound self
Nature of injury in the home

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) MR J. Galton Crow M. D.

(Address) 20 N. 9th
Columbia, Mo. 4

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

