

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

Do not use this space.

40417

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Fresh Creek Primary Registration District No. 5490
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 146

2. FULL NAME Dora 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Wolf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Dora Kuntz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Mrs. Melt Garrison
Clinton mo

15. FILED 12/16 1929 D. R. E. Peeler
M. C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1929, to Dec 15, 1929, that I last saw him alive on Dec 10, 1929, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Paralytic progressive Angina

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) age (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? DID AN OPERATION PRECEDE DEATH? DATE OF _____ WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. Swisher M. D.

12-15, 1929 (Address) Clinton
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Englewood Cem 12/15 1929

20. UNDERTAKER ADDRESS
Sproulson Clinton mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26
10

