

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

Do not use this space.

6416

1. PLACE OF DEATH **399**
 County Jackson Registration District No. _____
 Township Karr Primary Registration District No. **1002**
 City Karr (No. Evangelical Hos) St. _____ Ward _____
 Registered No. 575

2. FULL NAME Ester Burnworth
 (a) Residence. No. 1668 Summit St. 3 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. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

5 MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 6 7 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife 35
 (b) General nature of industry, business, or establishment in which employed (or employer) 1897
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 - 1929

I HEREBY CERTIFY That I attended deceased Jan 23, 1929 to Feb 5, 1929
 and that I last saw her... alive on Feb 5, 1929, and that death occurred, on the date stated above, at 3 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolism Pulmonary
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Whorehouse of J. Cray
Tubercular (duration) _____ yrs. _____ mos. _____ ds.
Not tubercular (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 1248 J. Cray
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF OPERATION Jan 24 - 29
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) St. Charles Sanders, M. D.
75, 1929 (Address) 601 Walnut St. Bldg.

*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.

9. BIRTHPLACE (CITY OR TOWN) Durand
 (STATE OR COUNTRY) Ark

10. NAME OF FATHER E Taylor

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

12. MAIDEN NAME OF MOTHER alice Keal

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

14. INFORMANT Milafa J. Burnworth
 (Address) 1668 Summit St

15. FILE NO. 2-5-29 REGISTRAR M. M. Cooper
Asst

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cherryvale Karrs DATE OF BURIAL Feb 7 - 1929

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand

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

X. 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.

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601 Polka. 11. 11.

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