

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

Do not use this space.

40792

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 3311, Pestalozzi St. _____ Ward)

File No. 11427
 Registered No. _____

2. FULL NAME Daniel F. Burnett

(a) Residence. No. 3311 Pestalozzi St. 16 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nell Burnett</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>October 12, 1853</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>1</u>	DAYS <u>22</u>
If LESS than 1 day,hrs. ormin.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Baldwin
 (STATE OR COUNTRY) Ill.

PARENTS	10. NAME OF FATHER <u>Andrew Burnett</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Rhoda Preston</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Nell Burnett
 (Address) 3311 Pestalozzi St.

15. FILED 5 1932 Max C. Parkin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 4 19 30
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1930 to Dec. 4, 1930
 that I last saw him alive on 12.4, 1930, and that death occurred, on the date stated above, at 1.45 p. m.

97 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
 (duration) yrs. mos. 10 da.
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. 10 da.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Sparta Ill.
 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN ACCIDENT? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory
 (Signed) P. M. Newton M. D.

12.5 . 19 30 (Address) 4337 Washington Ave.

*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 Sparta Illinois DATE OF BURIAL 12.6.30 19

20. UNDERTAKER Eiker & Sons Und. ADDRESS Sparta Ill.

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.

