

APR 25 1936

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

Do not use this space.

9579

## 1. PLACE OF DEATH

County Callaway  
Township.....  
City..... (No. .... Ward)

Registration District No. 213  
Primary Registration District No. 5153

File No. ....  
Registered No. 2  
St. .... Ward)

## 2. FULL NAME

Annie E. Burkett  
(a) Residence, No. Callaway Co St. .... Ward.

(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

## MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Thomas Burkett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 5 20

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L  
10. Date deceased last worked at this occupation (month and year) ..... H. Total time (years) spent in this occupation. L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co13. NAME Thomas Burkett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co15. MAIDEN NAME Rebecca Powell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co17. INFORMANT (ADDRESS) Louis Blythe  
Callaway Co18. BURIAL, CREMATION, OR REMOVAL  
PLACE Burial Hill DATE March 8 193619. UNDERTAKER (ADDRESS) Breacher Funeral Home  
Judson City, Mo.20. FILED 3/27/36 W. B. Smith, M.D.  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 193622. I HEREBY CERTIFY, That I attended deceased from Mar 22 1935 to March 7 1936I last saw him alive on Feb 1 1936 Death is saidto have occurred on the date stated above, at 12:30 m.

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

Pathol. T. Very  
visibly developed  
grounded from  
history of family  
diabetes

Other contributory causes of importance:

Name of operation None Date of .....What test confirmed diagnosis? Biopsy Was there an autopsy? .....23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Jeffrey, M. D.(Address) Judson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. - BUREAU OF VITAL STATISTICS



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Callaway Registration District No. 213 File No. ....  
 Township Summit Primary Registration District No. 3152 Registered No. ....  
 City (No. ...., St. .... Ward)

**2. FULL NAME**

Annie E. Burkett  
 (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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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)

FATHER  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 MOTHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3/8/1936 Dr. Bradford M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7, 1931

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.....m.

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

*asthma & very likely developed pneumonia from history family gene etc*  
Branchopneumonia  
 Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. A. Jones, M. D. (Address) Jefferson City

**SUPPLEMENT**

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