

JAN 17 1938

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

Do not use this space.

43921

1. PLACE OF DEATH

County Jackson  
Township New  
City N. C. Mo. (No. 4406)

Registration District No. 399  
Primary Registration District No. 1002

File No. 4824  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 4406 Norledge  
(Usual place of abode)

Length of residence in city or town where death occurred

yrs. mos. ds.

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Corner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1856  
7. AGE YEARS 81 MONTHS 8 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Mo 31

13. NAME Wm. Burnett 3

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not obtainable

15. MAIDEN NAME Ed Howard

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

17. INFORMANT May Porter  
(ADDRESS) 4406 Norledge

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Co Dec 3 1937

19. UNDERTAKER Mrs. C. L. Forster  
(ADDRESS) Kansas City - Mo

20. FILED Dec 1 1937 M. M. Crowe, esq  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1937 to Dec 1 1937

I last saw her alive on Nov 20 1937 Death is said

to have occurred on the date stated above, at 3 h. 37 m.

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

Acute Myocardial degeneration Date of onset 11/29  
930

Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Aspirin Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_

(Signed) Paul King M. D.

(Address) 1107 Plymouth

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.

2904 Prospect  
12100 Norm

424 Benton

Dr. Reuning  
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