

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

Do not use this space.

REC'D APR 15 1938

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1. PLACE OF DEATH
 County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. 5553B
 City Jackson Co. Home (No. 60-Home) St. _____ Ward _____

2. FULL NAME Wells A Burnette 653
 (a) Residence, No. Jackson County Home 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 25-1887</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>7</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
<u>Blacksmith</u>		
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) <u>Missouri</u>		
<u>Ashland mo</u>		
13. NAME <u>Thomas A. Burnette</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ashland mo</u>		
15. MAIDEN NAME <u>Margaret Burnette</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ashland mo</u>		
17. INFORMANT <u>Ernest Jackson</u>		
(ADDRESS) <u>of Liberty town</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Lees Summit</u> DATE <u>3-29-1938</u>		
19. UNDERTAKER <u>Fields James</u>		
(ADDRESS) <u>Lees Summit mo</u>		
20. FILED <u>3-29-1938</u> <u>William Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mar 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1938, to 3-25 1938. I last saw him alive on 3-24 1938. Death is said to have occurred on the date stated above, at 6 a. m. The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage

Other contributory causes of importance: g2w1

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) J. H. Green, M. D.
 (Address) Lees Summit
362 no

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

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.

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