

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

REC'D FEB 21 1939

1768
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 96
 (b) Township Hamilton Primary Registration District No. 4088
 (c) City Hamilton (d) Street No. _____ Registered No. 2
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 653 James Shelby Burnett St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Burnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
 9. Industry or business in which work was done, as 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) Kentucky

FATHER 13. NAME Sandersby Burnett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Martha Keaton

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

17. INFORMANT (ADDRESS) Hattie Burnett
Hamilton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Jan 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. P. Houghton
Hamilton Mo.

20. FILED Jan 16 19 38 M. C. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1938, to Jan 14 1939.
 I last saw him alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 6 P m.
 The principal cause of death and related causes of importance were as follows:

Dilated heart and Lobar Pneumonia.

Other contributory causes of importance: Atherosclerosis.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) The J. E. G. Co. M. D.

(Address) Hamilton Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J.P. Haughton

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J.P. Haughton

Licensed Embalmer No.

3854

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.