

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. **28586**
REGISTRAR'S NO. **2271**

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Hillsborough		CODE NO. 39-20		2. USUAL RESIDENCE ^{Where deceased lived} _{a. STATE} Florida ^(If institution: Residence before admission) _{b. COUNTY} Hillsborough	
b. CITY, TOWN, OR LOCATION Tampa		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Tampa	
4. NAME OF HOSPITAL OR INSTITUTION Tampa General Hospital		f. LENGTH OF STAY IN 1b. 22 Yrs.		d. STREET ADDRESS 2905 Bay View	
3. NAME OF DECEASED (Type or print) First Jahn Middle Henderson Last Burnett			4. DATE OF DEATH Month August Day 12 , Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 1, 1903		9. AGE ^{In years} _{(Use last (Adop) Months Days Hours Min.} 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10b. KIND OF BUSINESS OR INDUSTRY Engineering Co.		11. BIRTHPLACE (State or foreign country) Florida	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Benjamin Burnett		14. MOTHER'S MAIDEN NAME Margaret McKennon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 2149-18-6879		17. INFORMANT'S SIGNATURE <i>[Signature]</i> Address 1101 DeLeon, Tampa, Florida	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage - Intestinal & cerebral					INTERVAL BETWEEN ONSET AND DEATH 6 hrs
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.					
DUE TO (b) Thrombocytopenia					Several weeks
DUE TO (c) Acute lymphatic leukemia					2 1/2 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 2043-18					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. (Probable) ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/19 to 8/12/59 and last saw her alive on 8/2/59 Death occurred at 2:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 3014 E. Hills Tampa, Fla		22c. DATE SIGNED 8/12/59	
23a. BURIAL CREATION, REMOVAL (Specify) Burial	23b. DATE 8-11-59	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories Cemetery		23d. LOCATION (City, town, or county) (State) Tampa, Florida	
24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Tampa, Florida		25. NAME OF CEMETERY OR CREMATORY Wilson-Sammon Co.		26. DATE RECD. BY LOCAL REG August 13, 1959	
				26. REGISTRATION SIGNATURE <i>[Signature]</i>	

MEDICAL CERTIFICATION